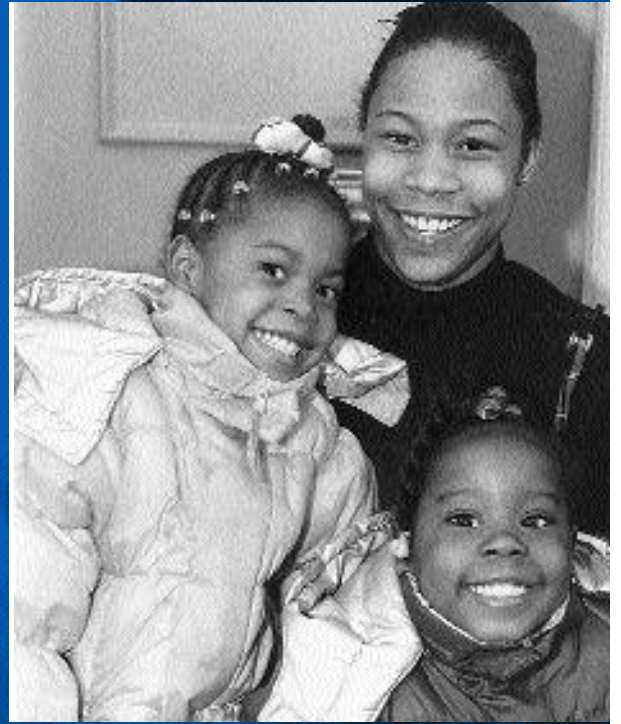


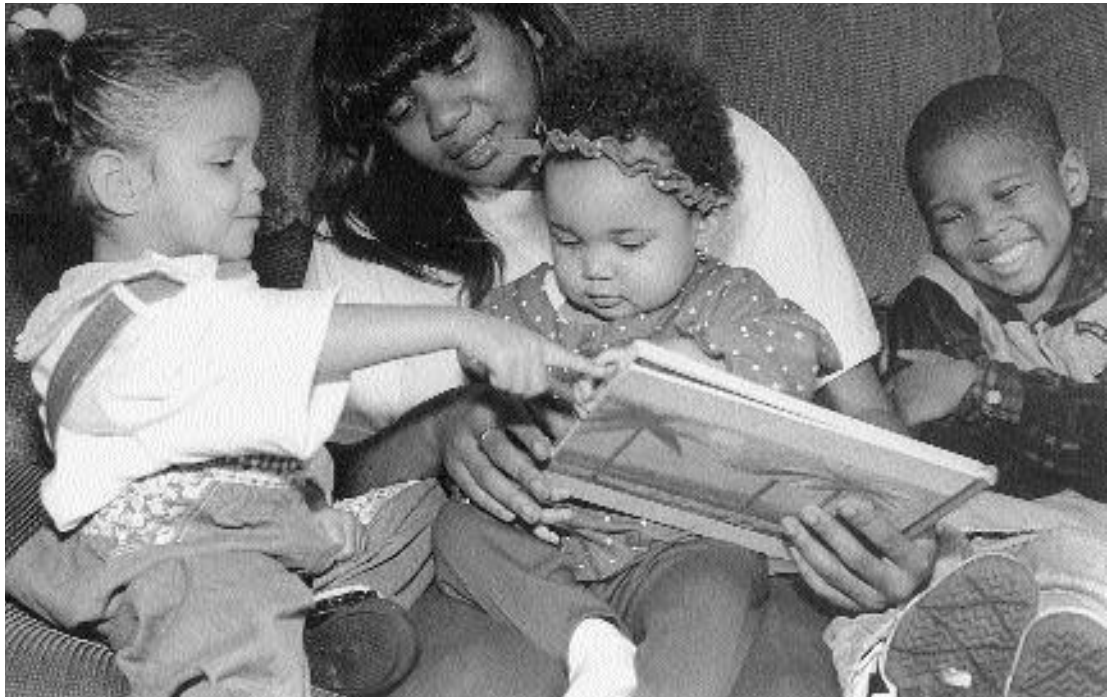
OUR WAY HOME:

A Blueprint to
End Homelessness
in Philadelphia



Greater Philadelphia
Urban Affairs Coalition





Sarina Smith reads to her children. Smith and her family receive “aftercare” services from the Philadelphia Health Management Corporation. PHMC social workers visit formerly-homeless families after they have moved into transitional or permanent housing. During the visits, which continue for a period of a year or more, adult family members learn how to be good parents, prepare for the workforce, budget for their households, and more.

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On any given day, there are approximately 6,500 homeless persons in Philadelphia. The majority of our city’s homeless are young, single mothers with small children. The second largest group are single adult males, ages 20 to 40.

MESSAGE FROM THE EXECUTIVE DIRECTOR AND CHAIRS

WE CALL FOR AN END TO HOMELESSNESS because it is an intolerable condition.

WE CALL FOR AN END TO HOMELESSNESS because the health of our entire city is at stake. To the degree that we fail to address the struggles of our sisters and brothers who are facing homelessness, we subvert efforts to create a healthy, safe, and economically vital Philadelphia.

WE CALL FOR AN END TO HOMELESSNESS because what is at stake are the very things that all of us desire: safe, decent, and affordable housing; good work with adequate income; safety and health; and assurance that necessary social systems will be there for us in times of emergency.

WHAT WILL IT TAKE TO END HOMELESSNESS?

- **Expertise and know-how.** In this area, Philadelphia is especially blessed. We can boast a great many informed and effective service providers and advocates, both in the non-profit and government sectors. They have demonstrated the capacity to develop successful responses to homelessness.
- **Coordinated strategies and planning.** Here too we have cause to be hopeful. We have witnessed how coordinated efforts lead to real and desirable results. This Blueprint is an effort to spark further coordination in planning.
- **Broad-based participation.** Recent successes have been due in large part to collaborations among political leaders, the nonprofit sector, the business community, religious congregations, civic and neighborhood groups, students, and others—all acting from a common interest and all finding a role to play.
- **Resources.** This is undoubtedly our toughest challenge. Current resources are insufficient. We must be creative about using available resources and advocate for new resources to meet growing needs in the areas of housing, employment, education and supportive services.

Underlying each of these solutions is the most essential ingredient of all: the political and social will to make change happen. The possibility of ending homelessness begins when we as a community decide that homelessness is unacceptable—and we act on that decision.

We harbor no illusions that solving homelessness will be easy, and realize that there are many Big Picture issues to tackle, such as economic disinvestment and job loss. But we take hope from our own experience. Throughout our city are wonderful programs, turning resources into positive outcomes. Thousands of hard-working, productive, contributing Philadelphia citizens can recount times trapped in poverty, on the streets, in shelters—all in the past.

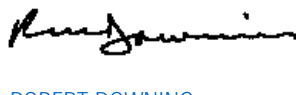
We have witnessed the cycle of homelessness broken innumerable times, against what might have seemed insurmountable odds.

We offer this Blueprint with the conviction that we can and should dare to believe homelessness is a solvable problem. We invite readers of this document and all members of our community to envision a city without homelessness—and to join us in turning that vision into reality.



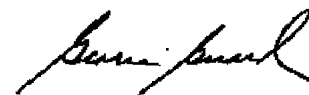
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June, 1998

EXECUTIVE SUMMARY

THE HOMELESS PROGRAM COMMITTEE OF THE GREATER PHILADELPHIA URBAN AFFAIRS COALITION offers this “Blueprint to End Homelessness in Philadelphia” with the conviction that we should dare to believe that homelessness is a solvable social crisis. We believe:

- There are solutions to the problem of homelessness.
- We must recognize and address both the societal and personal dimensions of the homelessness crisis.
- Solving homelessness requires short-term and long-term approaches.
- Solving homelessness is critical to the overall economic development and health of our city.

Philadelphia has a record of successes in responding to homelessness. By replicating and building on these successes, we can make significant progress in solving homelessness. But we need to confront several challenges, including the sheer scope of the current problem, the impact of welfare reform, changes in our economy, and limitations to public resources.

ENDING HOMELESSNESS REQUIRES THAT WE:

1. Renew efforts to provide real solutions for those on the streets, with targeted outreach and appropriate facilities and services.
2. Strengthen the system of shelter and services that enable homeless persons to make the transition to stability and job readiness.
3. Provide permanent solutions—jobs and housing—so that people can break the cycle of homelessness and become stable and productive citizens.
4. Strengthen homelessness prevention programs so that no one ends up in shelters or on the streets.

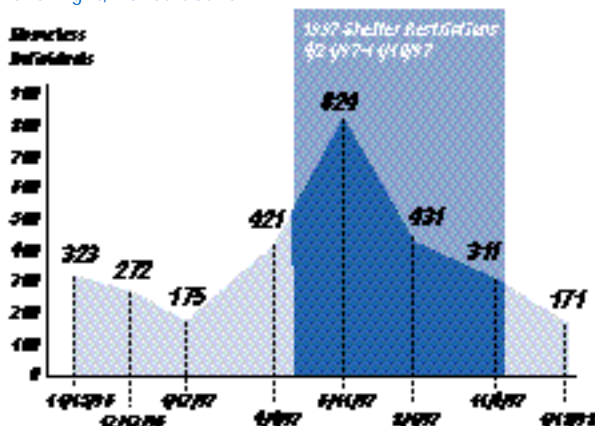
SOLUTIONS FOR THOSE ON THE STREETS:

A GOAL WE CAN ACHIEVE:

Reduce the numbers of persons living on the streets of Center City by 40 percent by the end of 1998, then another 20 percent each year thereafter (1999–2002).

NUMBER OF HOMELESS INDIVIDUALS ON THE STREETS OF CENTER CITY

Overnight, Police Count



Source: Center City District

THROUGH THE FOLLOWING STRATEGIES:

- Develop a new, coordinated outreach plan targeted to persons on the streets. Implement a database system to manage, monitor and evaluate the results of outreach efforts.
- Advocate that the city not impose budget-driven restrictions on shelter admissions, as it has done each of the previous two summers, with a resulting rise in the number of people on the streets.
- Develop appropriate housing and support services to meet the needs of persons on the streets:

Two new 25-bed “safe haven” entry-level residences with case management and support services for persons with mental health disabilities.

Two new 25-bed entry-level residences with case management and services for persons with addictions.

Eight to ten new transitional houses for 12 to 20 persons recovering from addictions.

One long-term structured residence for persons with severe mental disabilities.

1,000 new units of permanent supportive housing, to be developed over the next four years, for single adults with behavioral health disabilities.

The Second Chance 2000 program for homeless persons to access services.

- Discourage panhandling and foster a message of recovery in the Center City community, including a public awareness campaign and a food coupon program for homeless persons.



A Project H.O.M.E. outreach worker encourages a client to seek shelter. Effective outreach requires a coordinated street outreach plan, computerized tracking system, and open shelter admissions.

SHELTER AND SERVICES:

GOALS WE CAN ACHIEVE:

Strengthen the continuum of care, especially front-line intake and assessment, to maximize placement and move people into proper service and treatment settings as soon as possible, avoiding inappropriate placements or long shelter stays.

Cut the recidivism rate for shelter usage in half by the year 2000.

Improve basic quality and standards at all shelters and residences so that they offer humane and effective services.

THROUGH THE FOLLOWING STRATEGIES:

- Strengthen intake and assessment functions in the OESS system to ensure that people move as quickly as possible to a setting where they will receive the services they need. Provide necessary resources to assure high-quality intake assessments, immediate case management, and appropriate placements.
- Integrate assessment and intake with prevention programs.
- Ensure that all city-contracted homeless facilities have a maximum level of service enrichment and supports to allow homeless persons and families to make the transition from homelessness to stability and self-sufficiency. Secure increased funding for appropriate services through OESS, the Homeless Assistance Trust, increased federal and state funding, and partnerships with the private/corporate sector.
- All city-contracted facilities should be small, with effective staff/client ratios and on-site case management.
- Develop and enforce standards for all facilities and programs in the continuum to ensure clean, safe, decent environments and humane treatment of all clients.
- Develop and implement a philosophy of rights and responsibilities, rewards and incentives for all homeless clients.
- Shift some programs serving special-needs populations (e.g. mental health and substance abuse) back to the Department of Health rather than under a separate homeless system.
- Develop a comprehensive, coordinated Client Tracking System throughout the continuum, from outreach to permanent housing.



Residents of Project H.O.M.E.'s St. Columba gather at mealtime. A successful "Safe Haven," St. Columba offers a place for men to come in off the streets and begin a rehabilitation program. More of these entry-level shelters would decrease the number of persons on the streets of Philadelphia.

A resident chef at the Back Home Cafe, located at 1515 Fairmount. Project H.O.M.E. created the Back Home Cafe as a way to provide employment opportunities to its residents. The successful Cafe now has its own catering business.



EMPLOYMENT

GOALS WE CAN ACHIEVE:

By the year 2000, provide job readiness and job placement services to place 2000 homeless adults in jobs or opportunities leading to employment.

An ongoing placement capacity of 500 permanent jobs per year, paying at least \$6 per hour, with employer-paid medical benefits after 30 days.

THROUGH THE FOLLOWING STRATEGIES:

- Strengthen current job readiness systems for homeless persons by providing life skills training, case management, educational opportunities, and transitional employment to shelter residents.
- Utilize federal welfare-to-work funds to create career-related jobs that provide transitional work opportunities of up to 20 hours per week, for six months, combined with strong case management and education.
- Reform welfare policies to permit welfare recipients to pursue a program of work-related education for up to two years.
- Advocate for the Pennsylvania Legislature to enact Senate Bill 895 and House Bill 2308, which will create 10,000 full-time community service jobs for people who cannot otherwise find work.
- Strengthen transportation to suburban jobs through expansion of GPUAC's City-to-Suburbs Commuting Project, SEPTA's reverse-commuting program, and usage of federal ISTEA funds.
- Develop jobs in the City of Philadelphia in response to employers' needs, and match job-ready, clean and sober clients with appropriate job openings.
- Advocate for city and state policies that encourage contracting businesses to hire job-ready homeless adults.
- Increase job retention through follow-up systems for homeless adults new to their jobs.
- Advocate for affordable, quality childcare that meets the needs of single parents, including those who work non-traditional hours.

HOUSING:

GOALS WE CAN ACHIEVE:

Increase by 25 percent each year the number of homeless families receiving permanent housing assistance.

Expand stock of affordable housing for low-income households by an additional 500 new units per year.

Expand stock of affordable housing for very-low income families and single adults by an additional 500 new units per year.



Before and after: a rehabilitated home on the 300 block of North Holly Street in West Philadelphia. The house is one of 24 scattered-side, project-based Section 8 rental units developed by the People's Emergency Center Community Development Corporation as part of its "Imani Homes" housing program. Over 16,000 Philadelphia families are on waiting lists for Section 8.



THROUGH THE FOLLOWING STRATEGIES:

- Develop a Five-Year Philadelphia Housing Plan under joint responsibility of the Mayor's Deputy Managing Director for Special Needs Housing (MDSNH) and the city's Office of Housing and Community Development (OHCD), including a "real-needs" budget with goals and objectives; and coordination of housing and services for homeless and at-risk populations.
- Advocate to expand public funding for affordable housing through Low-Income Housing Tax Credits; state private activity bonds; the McKinney Program; PHFA's bond activity; and the creation of a Pennsylvania Housing Trust Fund.
- Reform the Section 8 program to include: continued priority for the homeless; revised HUD regulations to reduce inflated subsidies; codes of responsibility for tenants and landlords; an admissions/screening committee for applications; case management with an After Care component for homeless families; an administrative system to deal with community tensions including a hotline, new inspectors, a mediation program, and social work services for clients.
- Develop policies that counter the deterioration and abandonment of Philadelphia's housing stock. Allow for easier rehabilitation of housing units through anti-bligh legislation, land-use reforms, and enforcement of housing codes.
- Develop a city policy that combats NIMBYism ("Not In My BackYard") and fights housing discrimination through city ordinances, revisions of the city's zoning code in light of the Federal Fair Housing Act, and establishment of a special committee to ensure fair housing and to mediate community concerns.

The availability of affordable housing is shrinking. City residents earning the minimum wage must work 103 hours a week to be able to afford the fair market rent for an unsubsidized, two-bedroom apartment in Philadelphia (\$689.00).

Source: Pennsylvania Low-Income Housing Coalition.

HOMELESSNESS PREVENTION:

GOALS WE CAN ACHIEVE:

Increase by 30 percent each year the number of persons served effectively by community-based prevention programs.

Sustain the success rate of prevention centers (over 90 percent of clients served do not end up in shelters). Ensure that all clients receive a full range of services and case management at community-based prevention centers.

Decrease by 10 percent each year the number of persons utilizing city shelter services.

THROUGH THE FOLLOWING STRATEGIES:

- Expand and strengthen the work of community-based homelessness prevention centers to provide a range of services, including case management, adequate and flexible rental assistance funds, information on tenant rights and legal assistance, and referrals. Fully link the community-based centers with OESS and the continuum of care.
- Enact policies and provide adequate resources to address short-term housing emergencies like substandard apartments, rent arrears, and overwhelming utility costs for families who otherwise would become homeless.
- Increase the number of inspectors to permit more aggressive enforcement of L&I housing codes. Develop a low-interest or interest-free loan program for rental properties that must be brought up to code.
- Expand utility assistance, weatherization programs, and emergency mortgage assistance programs.
- Undertake community outreach efforts to special-needs populations at risk of homelessness, including persons with chronic mental illness and addictions.



Ionita Stevenson and her children with Holiday Inn Select•Center City managers. After a three month stay at a One Day At A Time's "Haven Home," a city-funded facility that provides emergency shelter and services to homeless families, the Stevensons moved into a home of their own. A portion of the rent on the family's new house is paid through the Tenant Rental Assistance Corporation, a non-profit agency which provides rent subsidies and counseling to more than 400 homeless families annually. Working with the Greater Philadelphia Urban Affairs Coalition, the Holiday Inn Select•Center City donated furniture to the Stevensons, and to many other families moving from homelessness to housing.

WE CAN END HOMELESSNESS

Since its emergence as a social crisis in the late 1970s, homelessness has become one of the most complex and seemingly intractable urban problems. Over the past two decades, homelessness has evoked outpourings of charity and compassion—it has also evoked frustration, backlash, and apathy. We have witnessed human lives brought low by suffering and crisis. We have also witnessed astonishing cases of lives renewed. We have seen flawed programs, wasted efforts, and ineffective policies—yet we have also seen energetic displays of leadership and commitment in bringing about solutions.

As large-scale homelessness in America enters its third decade, most people believe that the problem is getting worse, despite all the progress, programs and policies. The new national experiment in welfare reform may in fact cause even greater hardship for many citizens. Meanwhile, the public suffers from widespread disillusion about the efficacy of the government to ameliorate suffering or make real social progress.¹ In recent years, cities have turned to punitive strategies, using the criminal justice system and various ordinances aimed at “street people.” Such strategies are not a solution—in fact they exacerbate the problem.

Have we as a community given up on solving homelessness? Have we accepted the presence of disenfranchised men, women, and children on our streets or in shelters as an unfortunate but inevitable part of urban life?

Our Way Home: A Blueprint to End Homelessness in Philadelphia is offered with our conviction that we should dare to believe homelessness is a solvable social crisis. The authors of this report have worked on issues of homelessness for many years. We believe that proper coordination of political will and public concern with resources and expertise can create real, effective solutions for our sisters and brothers who experience homelessness. We believe it is possible to return to a time when such cases of abject poverty and disenfranchisement are rare and exceptional occurrences in our city.

This Blueprint presents short- and long-term strategies for ensuring that all Philadelphians have what they need to alleviate, prevent, and ultimately eliminate homelessness. At the heart of this Blueprint are four basic convictions:

1. Homelessness is a solvable problem.

Experience has demonstrated that, with the right resources, persons and families who have experienced even the most devastating circumstances of homelessness can and do stabilize their lives and become productive citizens. We have seen that an availability of appropriate housing and services can stem the tide of homelessness and decrease the numbers of persons on the streets and in shelters.

2. To end homelessness, we must recognize and address both the societal and individual dimensions of the crisis.

Homelessness is a complex and multifaceted phenomenon. It emerges out of broad social and political forces: a profound economic transformation that has eradicated manufacturing centers in many communities; a decline in the availability of affordable housing; the erosion of a social safety net and public supports; the national epidemic of substance addiction; the failure of deinstitutionalization for persons with mental health disabilities; and persistent racism. Within the context of these forces, individuals become homeless because they personally lack adequate affordable housing, sufficient income to pay rent or mortgage, and/or support services to cope with addiction, mental illness, violence, and health problems.²

3. Solving homelessness requires short-term and long-term approaches.

A short-term approach requires that we utilize available resources and expertise to provide solutions for the large numbers of persons currently homeless or at risk of homelessness. At the same time, we must work on long-term solutions—housing, jobs, education, health care—that will require ongoing advocacy for the appropriate policies, legislation, and resources from both the public and private sectors.

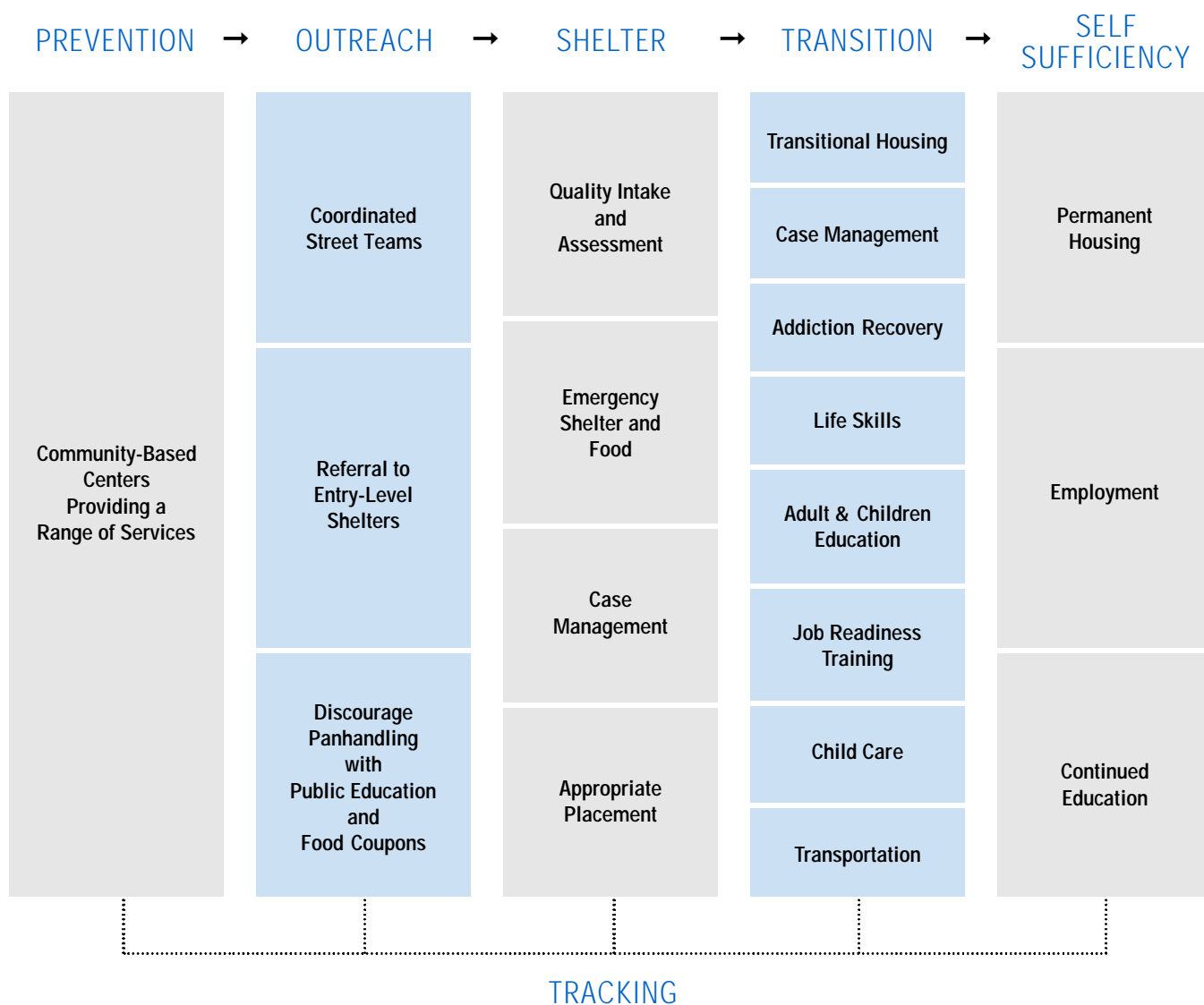
4. Solving homelessness is critical to the economic development and overall health of the city.

Homelessness is a symptom of broader tensions and crises facing the city. Our efforts to address the roots of homelessness will strengthen basic social systems and enhance the community for all citizens. Solving homelessness (rather than simply “moving” the homeless) will increase the chances of a healthy commercial and tourism environment, particularly in Center City. Individually, those who break the cycle of homelessness can become contributing Philadelphia citizens. Real solutions to homelessness are, in the long run, a better investment of public and private resources than is the constant drain of trying to meet emergent needs.

¹ *Homelessness in America, Unabated and Increasing: A 10 Year Perspective*, National Coalition for the Homeless (December 1997), p. 1. “Because many younger Americans have only known a world with homelessness, a world without it is, for them, literally inconceivable.”

² The U.S. Department of Housing and Urban Development, *Priority Home!* (1994). This document, perhaps the most sophisticated analysis of homelessness to come out of Washington, reflects both these approaches.

Breaking the Cycle of Homelessness Through a “Continuum of Care”



THE GOOD NEWS

Philadelphia has a remarkable record of proven successes. These include several nationally recognized models of effective programs for addressing homelessness. The city has one of the best-developed continuum of care strategies in the nation. We have good models of collaborations that maximize resources, and Philadelphia has fared well in recent funding awards made by the U.S. Department of Housing and Urban Development (HUD). We know much of what works. By building on our success, we can achieve significant solutions.

Nationally, the Clinton Administration’s early commitment to solving homelessness had a significant impact. Under the leadership of HUD Secretary Henry Cisneros, the funda-

mental HUD approach was reorganized according to the continuum of care model, including initiatives to foster private-public collaborations with maximum local authority. Concurrently, McKinney funding was increased by 170 percent. A 1996 HUD report documented the positive results: significant increases nationwide in the numbers of homeless persons who received supportive services and permanent housing—and broke the cycle of homelessness.³

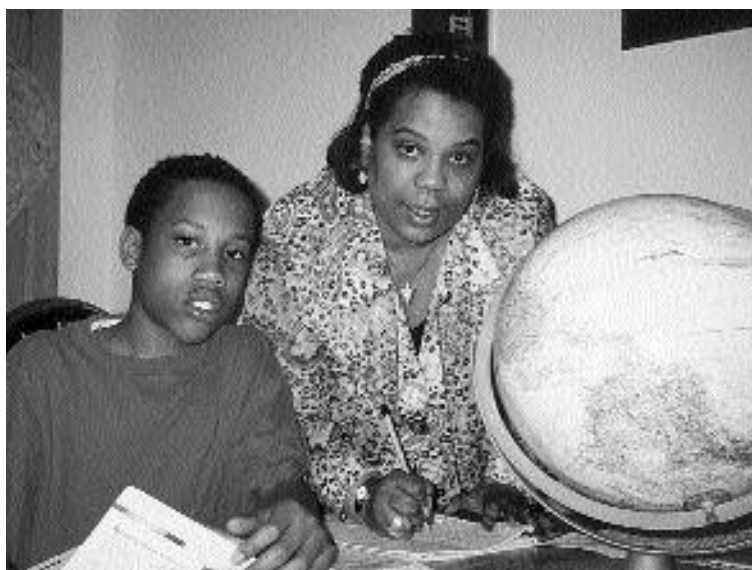
Locally, the Rendell Administration mirrored the efforts of HUD. The city undertook an extensive coordination of services and planning. Working with the city’s newly appointed

³ U.S. Department of Housing and Urban Development, *The Continuum of Care: A Report on the New Federal Policy to Address Homelessness* (December 1996).

Deputy Managing Director for Special Needs Housing (the “homeless czar”), the Greater Philadelphia Urban Affairs Coalition’s Homeless Program Committee (HPC) and, later, the HUD Homeless Initiative Cities Local Coordinating Committee spearheaded the development of a local continuum of care. The results were impressive:

- a 74 percent increase in transitional and permanent housing units
- a ten-fold increase in federal funding, including an \$8 million HUD Homeless Initiative Cities grant
- a shift in emphasis from emergency shelter to concrete solutions and strong support services
- expanded therapeutic and recovery programs for special-needs populations
- major increases in job training and employment services
- greater involvement of the for-profit sector in volunteering, resources, and job training
- the beginning of homelessness prevention programs
- between 1992 and 1996, the numbers of persons living on the streets of Center City dropped from around 500 to as few as 200⁴

Every night, Dellrie Hampton assists her son Peree with his homework and then studies for a couple more hours for her classes on early childhood education at Community College of Philadelphia. The Hampton family lives in housing provided by Philadelphians Concerned About Housing, in West Philadelphia. PCAH helps single parent, low-income and homeless families reach self-sufficiency by providing comprehensive supportive services, including safe, decent and affordable housing.



In December 1997, HUD awarded the City of Philadelphia \$16.8 million from a new federal funding initiative to address homelessness. Citing the success of HUD’s efforts in recent years, President Clinton and HUD Secretary Andrew Cuomo have proposed \$1.4 billion in new funding for a wide range of anti-homeless and anti-poverty initiatives. If these funds are approved by Congress, significant new resources will be made available to continue the successes we have seen in Philadelphia.

THE CHALLENGES

While we take hope from our successes, we also recognize profound challenges to our effort to end homelessness, both locally and nationally. It is critical that we meet these challenges creatively and constructively:

- The scope of the homeless problem in Philadelphia is vast, and the issues facing homeless persons are complex. As many as 25,000 people in Philadelphia find themselves homeless over the course of a year, approximately 6,500 on any given day. The majority of them reside in shelters and transitional housing—many for very brief periods, to stabilize and move on; others for longer periods, with a reliance on supportive services. Between 150 and 800 people live on the streets,⁵ and a difficult-to-estimate number live in abandoned buildings or other unsafe and unstable situations. The homeless population is predominantly young, single adult males and young, single women with small children. A disproportionate percentage of the homeless are African-Americans, usually from economically devastated family and neighborhood backgrounds. For many, homelessness is not a single or simple emergency but a long-term crisis born of domestic abuse, family conflicts, substance abuse, mental illness, and other problems. The vast majority of homeless persons lack strong educations or significant work experience. Many have a history of residential instability and minimal independent living.⁶

⁴ Center City District, “Homelessness: Making Progress or Losing Ground?” (April 1997).

⁵ Various evening counts of the street population through 1997 indicated that an all-time figure of 824 persons reached during the summer, when shelter restrictions were in place. During the winter, when shelter was more generally accessible, the number was between 170 and 300.

⁶ The 1997 U.S. Conference of Mayor’s report estimates that single men comprise 47 percent of the homeless population, families with children 36 percent, single women 14 percent, and unaccompanied minors 4 percent. Children account for about one-fourth of the homeless population. The racial breakdown nationwide is: 58 percent African American, 29 percent White, 10 percent Hispanic, 3 percent other. An average of 27 percent of the homeless population are considered mentally ill; 43 percent have addictions; 9 percent have AIDS or HIV; 17 percent are employed; and 22 percent are veterans.

The city's manufacturing base has largely disappeared. Here stands an abandoned factory in Eastern North Philadelphia.

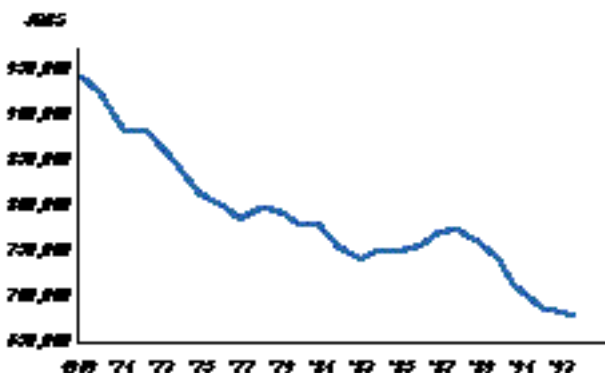


■ Welfare reform is likely to have a massive impact on homelessness in Philadelphia.

Recent history gives cause for alarm: state welfare reforms in 1982 and 1994 both resulted in increases in the number of persons requesting homeless services in Philadelphia. The new federal and state welfare reform plans are more sweeping in scope, creating new challenges and new opportunities. In March 1999, it is estimated that 38,000 Philadelphians will meet their two-year Temporary Assistance to Needy Families (TANF) limit, which means they must be working 20 hours per week or lose welfare benefits. These numbers will grow each month after March 1999, as more welfare recipients come to the end of their two-year limit.⁷ The ramifications will be painful not only for the families affected, but for the vitality and health of the entire city. We must renew our commitment to creating jobs—including community service jobs—and offering effective social services to support those seeking employment. Otherwise, the city will be inundated with more persons in the crisis of homelessness. Welfare reform alone is an impetus for more, not less, public investment in real solutions.

PHILADELPHIA EMPLOYMENT

1969-1994



Source: Vacant Property Prescriptions, City of Philadelphia Office of Housing & Community Development.

■ We live in a new economy with new challenges.

Profound shifts in our national economy—from local manufacturing to global service industries—raise serious questions about the market's ability to create entry-level, low-skill, family-sustaining jobs. The Philadelphia economy presents its own challenges. The city's manufacturing base has largely disappeared. Almost a quarter million jobs disappeared between 1950 and 1994. Recent years have shown some improvement, but growth areas—such as management and consulting, engineering and architecture—are largely inaccessible to poor persons. An exception is the hospitality industry, which is currently creating entry-level positions at a decent wage—but the supply of these jobs won't be nearly enough to meet the demand. We need to think creatively about how to stimulate genuine and more widely shared economic opportunity, including outreach to suburban job markets.

■ Many poor and homeless Philadelphians suffer from a lack of job skills.

Even if we are encouraged by a robust economy, a critical problem for the City of Philadelphia is a lack of job readiness among those who need employment. Philadelphians from poor neighborhoods—including the homeless and those trying to get off welfare—often have meager educational backgrounds and minimal employability. Short-term strategies of adequate job training and placement programs are needed. A larger need, obvious to everyone but notoriously difficult to achieve, is a public school system that will turn out skilled and trainable employees ready for the job market. Other education and vocational reforms are needed as well.

⁷ "Moving From Welfare to Work," Greater Philadelphia Works Proposed Plan, Private Industry Council of Philadelphia, April 13, 1998.

■ Public resources may continue to decrease.

The recent political climate has resulted in fewer public resources for housing, employment, and services. This reality calls for a greater emphasis on shrewd, targeted, and cost-effective use of scarcer dollars. Nevertheless, there is no avoiding the fact that real solutions to homelessness require significant resources. We cannot afford an attitude of austerity and crisis-management. Solving homelessness may be expensive, but it is not as costly as the alternative. We must continue to advocate for the resources to get the job done right.

■ The city is hampered by federal and state policies.

The city's efforts to find constructive solutions are often subverted by policies at the state and federal level. State cuts in emergency shelter funding over the past two years have led the city to restrict shelter admissions. At the federal level, cuts in housing, including Section 8 renewals and public housing, could severely hamper efforts to move homeless families out of shelters and transitional programs into decent, affordable permanent housing. Fortunately (and surprisingly), this past year's funding levels from Washington were stable, but many in Congress may continue to seek funding cuts.

■ The drug epidemic continues to plague our nation.

As a nation, we are still struggling to respond to the epidemic of substance abuse. Various policies of public

education, criminal justice measures, and control of supply all seek to stem this epidemic. Some national trends around substance abuse are encouraging. The grip of drugs and addiction remains the tightest, however, in the poor communities where most homeless persons once lived.

WHAT WE NEED TO DO TO END HOMELESSNESS

In the following pages, we offer a set of concrete recommendations of how we as a city can make substantial progress in significantly reducing homelessness. Our recommendations are structured according to four overarching and interlocking goals:

1. Renew efforts to provide real solutions for those on the streets, with targeted outreach and appropriate facilities and services.
2. Strengthen the system of shelter and services that enable persons to make the transition from homelessness to stability and job readiness.
3. Provide permanent solutions—jobs and housing—so that people can break the cycle of homelessness and achieve stability as productive citizens.
4. Strengthen homelessness prevention programs so persons never have to end up in shelters or on the streets.



Appropriate facilities and services are needed to enable people to leave the streets and begin recovery.

KELLY'S STORY: A LESSON IN AFFORDABILITY

Kelly, 22, grew up in a chronically abusive and neglectful household. When her mother padlocked the refrigerator to keep the children out, Kelly realized she needed to leave. She called DHS and entered foster placement; she was 16 years old at the time.

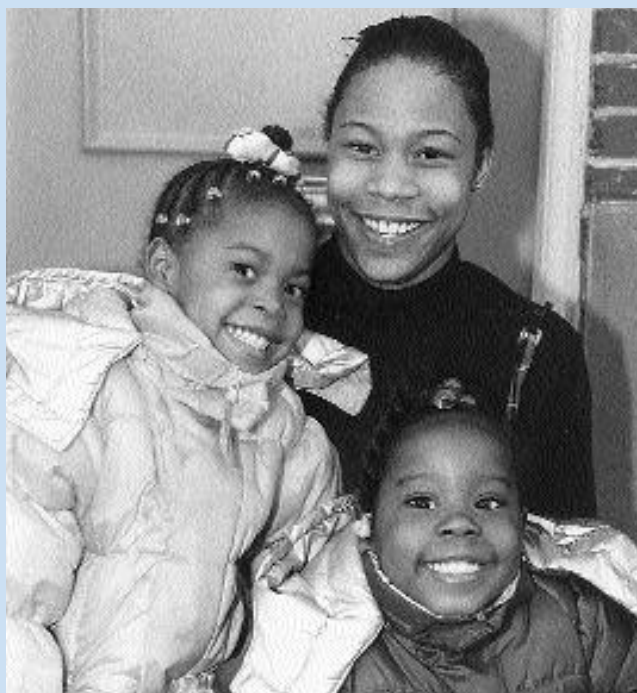
Kelly was discharged from foster care when she was no longer a minor. On August 2, 1994—with nowhere else to live—Kelly arrived at People's Emergency Center (PEC), a social service agency for homeless women and children. Kelly was 18 years old and accompanied by her first child.

Kelly resided at PEC until November 20, 1994, when she left for public housing. In the summer of 1996 she returned to PEC with her second child. She had been evicted from public housing because her child's father used their home as a base to sell drugs. Depressed, she too had developed a drug problem, for which she sought treatment.

At PEC, Kelly participated in parenting, life skills and employment programs. She began to grow in her self-esteem and confidence as a person and as a parent. On June 13, 1997, she moved into her own subsidized apartment, one of PEC's Imani Homes in West Philadelphia. In February, 1998, Kelly was offered a full-time job as a file clerk and receptionist with a nonprofit organization. She will soon complete her probationary period, after which she will receive full health benefits from her employer.

Top: Once homeless, Kelly Stancil and her children, Cinquetta (left) and Kelairha (right), proudly sit in front of their new home. The Stancil family was able to move into one of People's Emergency Center's Imani Homes after receiving emergency and transitional housing, and comprehensive support services, from PEC.

Bottom: Kelly Stancil was placed in a job through PEC, and now works full-time as a file clerk and receptionist.



THE ROAD TO NOWHERE

The cost of providing a continuum of services to bring Kelly, and other homeless families like hers, from crisis to self-sufficiency is far less than continuing the cycle of homelessness.

If a mother in Kelly's situation stayed in the shelter system and her two children were placed in foster care, total costs to taxpayers would be:

Shelter services for the mother (based on OESS rate of \$12 per day)	\$8,040
Two years of case management for the mother (based on OESS reimbursement rate).	\$5,768
Foster care services for two years for two children (based on DHS rate of \$31.25 per child per day) . .	\$45,625
Two 30-day periods of inpatient drug and alcohol recovery (based on rate of \$250 per day)	\$15,000
Direct assistance (based on TANF payments of \$205 per month). . .	\$4,920

**Total two-year expense for mother and children
if family is not provided with a continuum of services . . \$79,353**

Costs will continue to accrue if the cycle of homelessness persists for this family.



AFFORDABILITY

Imagine that Philadelphia undertakes no substantive changes in its management of the homelessness crisis. What will our situation be as we enter the next millenium?

The city's current homeless budget is about \$63 million annually. While hoping for new federal funding, the city is taking a conservative approach. Assuming no major increases in coming years, the city will be spending \$65-70 million each year to provide shelter, services, housing and employment.

The current shelter system is just under 2,000 beds, with additional beds during the winter. With minimal new state and federal funding, the city plans an expansion of only 150 to 300 new beds. Development of about 720 new units of housing for homeless persons is projected in 1998. Housing subsidies are expected to serve 400-500 persons each year—but may be less. Based on current trends, we can expect about 2,000 homeless individuals and families to receive permanent housing assistance each year—though the number may be lower given the scarcity of housing subsidies and possible capping of tax credits.

The current TANF caseload for Philadelphia exceeds 65,000 heads of households.⁸ *If only 10 percent of this number loses their welfare benefits and becomes homeless, they would double the current number of Philadelphians who are homeless on any given day.* At this point, the city will have little choice but to put significantly more money in emergency shelter, most likely with minimal support services.

With an overloaded system, funding will be scarce for real services, and poorly staffed shelters will offer a less-than-humane environment. Many homeless persons will choose to stay on the streets, others will be trapped in shelters or transitional housing with nowhere to go. An overloaded system will mean frequent, inappropriate placements of homeless persons and families, and a continuing problem of revolving doors—the same clients using the system over and over without breaking the cycle of homelessness, at a large cost to taxpayers. Instead of having options for recovery and rehabilitation, many homeless persons will sink deeper into addiction, disability and destitution.

⁸ "Moving From Welfare to Work," Greater Philadelphia Works Proposed Plan, Private Industry Council of Philadelphia, April 13, 1998.

Among other likely outcomes of an overburdened shelter system and more people living on the streets are:

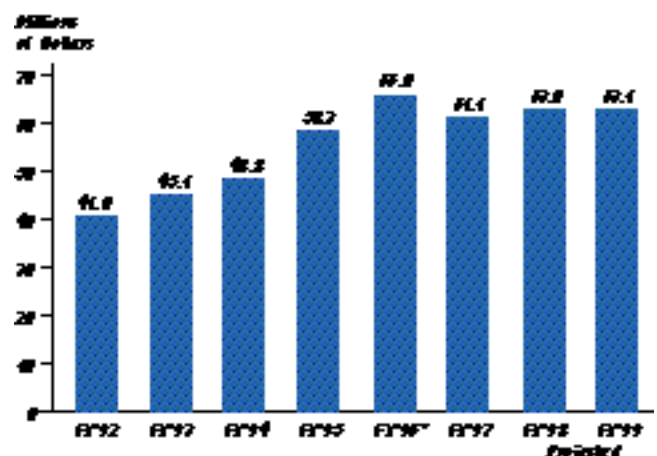
- an overflow of communities facing deepening social instability, drugs and crime
- higher city costs for policing and courts to manage those on the streets with addictions
- higher costs for services to clean streets littered and befouled by an increasing street population
- higher costs for emergency medical care for indigent persons

Other, less tangible social costs must be predicted in this scenario. Dramatic increases in the numbers of persons on the streets, many desperate and addicted, will fuel negativity and anger about the urban environment. As a result, efforts to revitalize Center City will be frustrated, businesses and tourists will be driven away, and significant revenue sources will be lost. In addition, an increase in NIMBYism and attitudes that scapegoat the poor will aggravate an already tense social climate, creating more obstacles to the development of good programs and advocacy for necessary resources.

The socio-economic cycle of homelessness will progress unchecked, gather momentum, and ultimately have a radical effect on all our lives.

CITY SPENDING FOR HOMELESS PROGRAMS

Fiscal Years '92-'99



Includes General Fund and grant obligations in OESS, DPH, DHS, OHCD, Police, and MDO.

* General Fund expenditures unusually high due to the Blizzard of 1996.

Source: Managing Directors Office

WHAT HAPPENS IF WE FOLLOW THE RECOMMENDATIONS OF THE BLUEPRINT?

Let us assume that the city, recognizing a critical juncture, makes a vigorous commitment to proactively address homelessness, taking as its guide the recommendations presented here and in further developments of the Blueprint to End Homelessness in Philadelphia. As part of that commitment, the city works to ensure that:

- a coordinated plan of outreach, housing, and services is in place for the Center City street population
- assessment, intake, and prevention efforts at the front end of the continuum are coordinated, adequately staffed, and functioning efficiently
- the overall homeless service system moves people quickly to service-enriched settings where they can make real progress
- maximum resources are available for permanent housing and employment to assure that the city's continuum of care leads to real solutions
- greater emphasis is put on a broad range of community-based prevention efforts.

Let us also assume that the city, the state, the federal government, the private sector, and homeless services providers agree to work together to identify and secure the necessary resources to get the job done right. What can we expect?

By the start of the next millenium, we will have accomplished the following:

- 5,000 low-income and very-low-income families will be in permanent housing through expanded affordable housing and effective new community development efforts
- 1,000 homeless persons with special needs will have worked through safe havens and transitional programs and moved into permanent supportive housing
- At least 3,000 homeless adults will be in permanent jobs paying at least \$6.00 per hour with benefits, with thousands more in solid job-training and placement programs.
- Almost 5,000 low-income families and individuals will have been assisted with case management, referrals, and job placement without having to resort to shelter
- Several thousand low-income families will have been able to remain in their homes thanks to assistance with utilities, weatherization, and housing code enforcement and improvements

- Several thousand persons with behavioral health needs will have been referred to health systems rather than becoming homeless
- Increased services to homeless facilities will have resulted in shorter shelter stays, and a reduction in the number of “revolving door” cases
- The number of persons on the streets of Center City will be down to a minimal number; they will receive intensive outreach and enhanced access to services.

In addition, Philadelphia will have incurred minimal increases—and even decreases—in police, court, and emergency medical costs related to the homeless. Center City and other neighborhoods will experience significant housing and income stabilization. The general attractiveness and business- and tourist-friendly climates of Center City will be greater. Some neighborhoods will experience increases in property values, and the city will enjoy the benefits of tax revenues from newly employed citizens who would otherwise have been a burden on the taxes of others.

Our recommendations are accompanied by preliminary budgetary and fiscal implications. We intend to continue our analyses of costs, including possible reallocations of funding streams, and potential new funding sources. We will also give further consideration to the broader fiscal ramifications of our proposals in terms of related societal costs: policing and court expenses, emergency medical costs, drain on commercial and tourist revenues, as well as positive social benefits of stronger neighborhoods and an enhanced tax base. It is critical to understand the affordability of our proposals in light of the overall economic health and vitality of our city.

It's a hug for Pamela Lancaster, a graduate of the Greater Philadelphia Urban Affairs Coalition's job readiness and job placement program for homeless adults. The congratulations are from her grandmother, Grace Lancaster, and their pastor, Rev. Theophilus Wright. Launched in February 1996, GPUAC's program has placed over 200 homeless adults in meaningful jobs; 80 percent remain on these jobs.





Residents at the People's Emergency Center participate in one of many life-skills workshops. PEC's life skills curricula are designed to help break the cycle of homelessness by cultivating literacy, healthy personal and parenting behavior, self-esteem and self-sufficiency.

WHERE WE GO FROM HERE

We must take concrete steps to implement these recommendations—and commit ourselves to ending homelessness.

■ Establish a Housing/Homeless Task Force

History repeatedly shows that Philadelphia has made the most progress in combatting homelessness when all sectors work together toward common goals. The least successful and most problematic efforts result when there is minimal collaboration.⁹

We therefore recommend creation of a body that has a consultative function with the city on policies and strategies around homelessness. Such a body might be modeled on the Public-Private Task Force of the Goode Administration or on the Homeless Initiatives Cities steering committee of 1995-1996. It would consist of a steering committee with

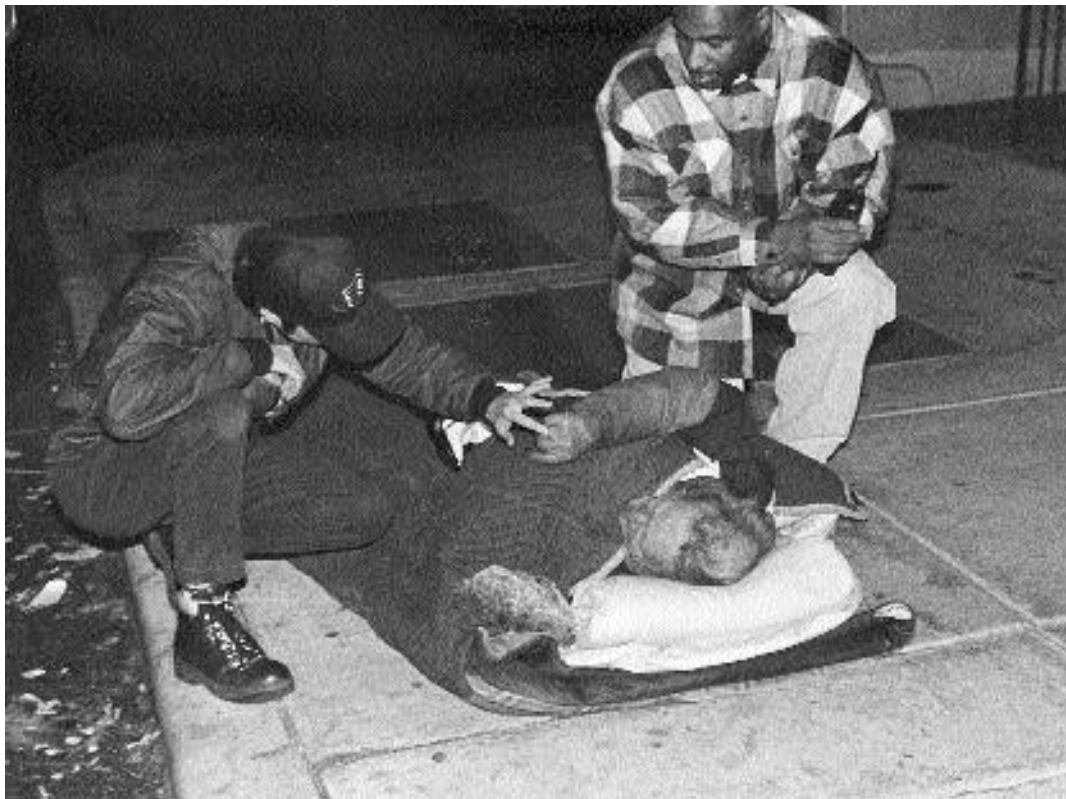
working committees for each key strategy areas outlined in this Blueprint. It would be critical to determine wisely the appropriate make-up, structure and function of such a group, as well as its relationship to city agencies. The group would report directly to the Deputy Managing Director for Special Needs Housing.

■ Expand the Office of Special Needs Housing

The Office of the Deputy Managing Director for Special Needs Housing was created to oversee the entire homeless service system. Much of the focus, however, has been diverted to emergency shelter and “street people,” and the Office’s efforts are largely reactive. We recommend bolstering this office with a return to its original and more comprehensive goal. In conjunction with a previous recommendation, priority should be given to overall coordination of a City Housing Plan (with OHCD) as part of an Ending Homelessness Initiative. This Office should also focus on use of “best practices” whenever city funds are used for job readiness training and job placement of homeless adults. This would require more staffing for the Office, so that the Deputy Managing Director can engage in the broader coordination and oversight functions.

⁹ The Deliverance Shelter is indicative of a lack of collaborative planning. The city agreed to fund the controversial 400-bed shelter in North Philadelphia in 1995; most homeless service providers vigorously opposed it. The city has now spent \$1.8 million on the proposed family homeless shelter, which may never open. In August 1997, the FBI began an investigation of the troubled project. And Mayor Rendell is reviewing whether the city should abandon it. (*Philadelphia Daily News*, March 30, 1998.)

The number of homeless adults on the streets of Center City rose when the city imposed budget-driven restrictions on shelter admissions.



■ A Working Conference to End Homelessness

As a crucial step in the implementation of this Blueprint, we recommend that the Greater Philadelphia Urban Affairs Coalition, the Public-Private Task Force on Homelessness, the Office of Housing and Community Development, and the Deputy Managing Director of Special Needs Housing host an Ending Homelessness Working Conference. The immediate goals of the conference would be to:

1) Establish the Housing and Homeless Task Force described above.

2) Establish, with concrete budgets and timelines, a series of working committees on key strategy areas of the Blueprint:

- A Shelter and Services Task Force to formulate new and revised standards, rights, and responsibilities for clients in shelters and transitional programs. This task force will also develop reforms for the intake/assessment system and review service-enrichment at all city-contracted sites.

- A Jobs Task Force to strengthen Philadelphia's job readiness/training/placement programs. This task force should work in collaboration with Fairmount Ventures, who is evaluating job training, placement and retention programs for the homeless in the Philadelphia region. Fairmount's work on this study, supported by a private foundation, began in May 1998 and should be completed by January 1999.

- A Housing Advocacy Task Force, to develop strategies for pursuing the five major housing advocacy goals

- A Supportive Housing Task Force to work with the Corporation for Supportive Housing on developing—as soon as possible—a broad plan for Philadelphia.

- The existing Prevention Task Force will develop a plan for implementing recommendations on homelessness prevention, identifying new resources and funding streams.

An important task of this conference will also be an analysis of the budgetary ramifications of all recommendations. The various Task Forces will be charged with determining all costs associated with specific recommendations, possible reallocation of current funding streams, and identification of potential new funding sources.

Based on the conference and follow-up meetings of all task forces, a revised edition of the Blueprint to End Homelessness will be published, with further recommendations, actions plans, and budgetary details in all strategy areas. Specific action will be taken for the budgetary processes for OHCD and OESS, to be finalized in time for release of budgets in early 1999.

In addition, the revised Blueprint can serve as a position paper for city, state, and federal electoral campaigns. Forums will be held in the spring of 1999 for all city and state candidates to assess their commitments and policies on homelessness and housing issues.

OTHER ACTION STEPS

In addition to the working conference, the following steps can be taken by the city and related agencies and programs as early as the spring and summer of 1998:

- A commitment from the city to implement the Homeless Assistance Trust (see page 28).
- Finalize development of a comprehensive City Client Tracking System, with a target date of January 1999 for operation (see page 23).
- Implement reforms in the Section 8 program (see pages 28-29).
- A meeting of all outreach agencies to develop a coordinated plan, with a target date of March 1999 for full implementation (see page 18).
- Develop a city ordinance on fair housing and anti-NIMBY strategies, with a target date of Spring 1998 for passage. Concurrently, have a draft revision of the city's zoning code ready for presentation to City Council by Summer 1998 (see page 29).
- Ensure that job retention, cost-per-job-placement, placement, and other outcomes are being tracked for all city-funded employment and training programs for the homeless (see page 25).
- Push for passage of the JOBS Bill in the Pennsylvania General Assembly (see page 25).



Above: Once homeless, Del Tolliferreo began his employment with the Center City District in 1994, maintaining the landscaped portions of the Vine Street Expressway. He quickly rose to the rank of supervisor and now oversees the trainees in the CCD's Landscape Maintenance Training Program.

Left: William Hilliard (left) and Mark Bradley of Project H.O.M.E.'s Outreach Coordination Center. Also located at Project H.O.M.E.'s 1515 Fairmount site are: permanent housing units; three businesses that provide employment opportunities for homeless adults (Back Home Cafe, Our Daily Threads, Cornerstone Community Book and Art Center); art and clay studio; after school programs; and adult education, literacy and computer classes.

SOLUTIONS FOR THOSE ON THE STREETS

With a combination of effective outreach, entry-level residences, services, and supportive housing, persons on the streets can and do break the cycle of homelessness.

Estimates over the past few years suggest that the number of persons living on the streets fluctuates anywhere between 150 and 800, depending on weather and current public policies.¹⁰ This group represents the most visible segment of the homeless population, but in fact it is a relatively small proportion, perhaps no more than 10 percent. The street population is estimated to be 90 percent single men, a disproportionate percentage of them with disabilities.¹¹ As many as 80 to 90 percent of the street population are believed to have substance-abuse problems, and as many as 30 percent have serious mental health problems.

Philadelphia's large street population is at the center of heated public controversy. Issues of "aggressive panhandling," "quality of life crimes," disincentives to business and tourism, and generally unpleasant social conduct are associated with the homeless. It is also believed that this population is "resistant" to shelter and services. Nevertheless, there is an extensive statistical and anecdotal record of outreach that has worked in getting people off the streets and into appropriate programs.

THE CHALLENGE

- A large number of persons living on the streets (150-800) have serious disabilities such as mental illness and/or substance abuse. These very disabilities often make them "hard to reach" and either resistant to or inappropriate/ineligible for many services and shelters.
- The chronic needs of persons living on the streets require, in most cases, specialized entry-level residences with support services and case management.
- City policies of restricting shelter access during the summer make it impossible for many homeless persons to get off the streets and take the initial steps toward rehabilitation.
- Outreach efforts are frustrated and even futile when appropriate placements and services are not available. Unless outreach workers can offer persons on the streets real access to meaningful and appropriate services and residences, outreach cannot fulfill its purpose.

GOAL

Through an intensive, coordinated effort of outreach plus appropriate services and housing, reduce the numbers of persons living on the streets of Center City by 40 percent by the end of 1998, then another 20 percent each year thereafter (1999-2002).

STRATEGIES AND NEXT STEPS

STRATEGY: Ensure that shelter is available to all those who qualify for it.

- Advocate that the city not impose shelter restrictions, as was done in the summers of 1996 and 1997 due to limited funds. Census counts from these years suggest that this step alone will prevent 200 to 300 persons from being on the streets. This is separate from the issue of restrictions due to shelter protocol violations. It will require reinstating \$2.2 million in supplemental state assistance, as was provided in FY 1995 and 1996.

STRATEGY: Enhance the capacity of outreach efforts to target, place, and track chronically homeless persons with specialized needs.

- Work with all outreach teams and agencies to develop a *more coordinated plan for targeted outreach* to persons on the streets with mental health and substance abuse needs, including expanded outreach efforts during the day and more outreach by peer counseling teams of recovering addicts.
- Ensure the security and success of "safe havens" by allowing only those escorted by an outreach team member to enter. This will avoid the difficulties of an open walk-in policy and will help guarantee that services actually reach the target populations.
- Implement a *Management Information System*, under the auspices of the Department of Health, to manage and evaluate the results of outreach efforts for persons with behavioral health issues. This would cost approximately \$400,000.

¹⁰ Various evening counts of the street population through 1997 indicated that an all-time high figure of 824 persons was reached during the summer, when shelter restrictions were in place. During the winter, when shelter was more generally accessible, the number was between 170 and 300.

¹¹ There have been isolated instances of families on the streets. It is possible, according to outreach agencies, that more families may be on the streets after welfare limits begin in March, 1999.

STRATEGY: Develop a broad range of housing and support services to meet the specialized needs of persons on the streets.

- *Two new 25-bed “safe haven” entry-level residences offering case management and services for persons with mental health disabilities.* The first of these could be developed by the winter of 1998, with the second developed by the winter of 1999. These residences would introduce opportunities for education and employment training, which are necessary once people are stabilized. Development costs for each safe haven will be \$350,000. The annual operating costs will be \$400,000 each.

- *Two new 25-bed entry-level residences with case management for persons with addictions.* The first two of these could be developed by the fall of 1998, with the next one developed by the winter of 1999. Development costs for each residence will be \$350,000. The annual operating costs will be \$400,000 each. Recovery should not be a requirement.

- *Eight to ten new transitional recovery houses for persons with addictions.* Each house would accommodate 12 to 20 individuals. The first 3 or 4 houses could be developed by the spring of 1999; the next 3 or 4 could be developed by the spring of 2000; and the final 2 by winter of 2000. These residences would provide housing for individuals while they receive substance-abuse treatment. They would also provide or arrange for social support services, including educational and vocational opportunities. Development costs for each

residence will vary. The annual operating costs for each house will be in the range of \$125,000 to \$175,000, depending upon the number of residents in the house. CODAAP is a potential source for operating funds.

- *One Long-Term Structured Residence.* This highly supportive facility would provide specialized housing for 16 persons with severe mental disabilities. It would cost \$1.5 million annually.

- *1,000 new units of permanent supportive housing for single adults with behavioral health disabilities,* to be developed over the next four years. We would invite the nationally recognized organization Corporation for Supportive Housing to come to Philadelphia and work with the city, state, and private sector to coordinate and implement a plan, identifying needs and targeting resources. This plan could be modeled on the New York/New York agreement, which developed over 5,000 units of housing for homeless persons with mental illness in New York City. Development costs, which would vary according to the specific sites, would require dedicated funding streams from OHCD and PHFA as well as from the private sector. The annual operating costs will be \$3,000 per year per unit for support services. Residents would pay 30 percent of income for rent and utilities, with housing subsidies making up the rest; if federal housing subsidies are not available, these subsidies would be approximately \$3,000 per person per year.



A broad range of housing and supportive services are necessary in order to reduce the number of persons living on the streets of Center City.

■ *Explore bringing the Second Chance 2000 program to Philadelphia.* This program, developed by the Bidwell Institute in Pittsburgh, would serve as a drop-in center for the Center City homeless population. It could provide access to drug and alcohol counseling, mental health treatment and services, referrals to housing, and education and job readiness assistance. Annual budget is estimated at \$588,000.

■ *Develop other funding sources:*

- The Chamber of Commerce, working with the Center City District, the City of Philadelphia, and homeless advocates, should lobby *the state government* to play a more active role in solving homelessness in Philadelphia by reinstating \$2.2 million in State Homeless Assistance Funds to allow the reopening of the city shelter system year-round, and committing support for a broad permanent supportive housing plan.
- The city should explore with the tourist and business community the option of a program that charges a minimal *Entertainment Surcharge* on admissions to major events at the Convention Center, the Avenue of the Arts, and sports arenas. Funds generated through the surcharge could be targeted for supportive housing and job readiness training for homeless persons with behavioral health disabilities. This program could generate as much as \$1 million per year.
- Use the *Homeless Assistance Trust Fund*.
- Generate funds through *savings from Community Behavioral Health* managed care program for persons with behavioral health needs, as the city has begun to do.

STRATEGY: Discourage panhandling and foster a message of recovery in the Center City community.

■ *Develop an information campaign aimed at citizens and tourists* using poster campaigns, PSAs and other venues. This campaign could be jointly developed by the city, Center City District, the Chamber of Commerce, and an advisory group of consumers and homeless providers. This would be paid for by the Chamber and CCD.

■ Develop a program of *food coupons* which homeless persons can redeem at selected vendors. A pilot food coupon program is already underway, sponsored by Project H.O.M.E. and the Honickman Foundation. The coupons could be purchased by those who live, work or travel in Philadelphia. They would contain, along with value for food purchase, listings of facilities for homeless persons. This program could be jointly developed by the city, the Center City District, the Chamber of Commerce, and an advisory group of consumers and homeless providers.

RELATED ACTIVITIES:

- The mental health community will *review the impact of involuntary commitment process* for persons with serious mental illnesses who are at risk, so that they will be able to access appropriate long-term treatment and not merely put on the streets after a 48-hour commitment.
- The city will develop and enforce a *proactive fair-housing/anti-NIMBY* policy to facilitate development of necessary safe havens and supportive housing facilities.
- *Develop guidelines and policies for all City and SEPTA police* on treatment of persons who are homeless; these guidelines and policies would be incorporated into ongoing training of police.



Philadelphia Health Management Corporation nurse practitioner Genevieve Burns weighs client Delores C. Williams at the Mary Howard Health Center, where PHMC provides primary health care to hard-to-reach homeless adults and children. The Center City site is Philadelphia's first nursing center for homeless people.

SHELTER AND SERVICES

Homeless families and individuals require a core of effective services to assist them in making the transition from the streets to stability and job readiness.

Most persons who experience homelessness struggle not only with poverty and lack of housing but with various dysfunctions, disabilities, or extenuating circumstances that deeply affect their ability to achieve stability and independence. In the worst cases of disabilities, persons become chronically homeless, spending years on the streets, frequently in and out of programs and shelters. The city's Continuum of Care strategy stresses services linked to appropriate residential settings, with a philosophy of offering supports and opportunities for homeless persons and families not simply to get off the streets but to move out of homelessness. We cannot afford to devolve to a system of shelter with minimal or no services.

THE CHALLENGE

- City decisions to restrict shelter admission, because of funding cuts from the state, have led to increases in the street population. Similarly, severe reductions in beds have led to poor use of existing resources. In addition, the city has decided to defund some smaller shelters and maintain the larger ones, which in most cases means a more impersonal atmosphere and a less safe and stable environment.
- Residential settings with minimal or fragmentary support services and case management are usually a waste of resources—clients do not benefit and end up returning for services and never overcome their homelessness.
- Many of the current city-contracted shelters are not providing adequate services to residents. The city made significant progress in the early 1990s, creating service enrichment at most of the shelters and transitional sites. But funding cuts have scaled back those services.
- Many homeless persons continue to report that the environment of many shelters is demoralizing and dehumanizing, which breeds discouragement. Residents say that basic provisions like food and bedding supplies are lacking. Shelter standards appear unclear and/or lack enforcement or accountability.

GOALS

Strengthen the continuum of care, especially front-line intake and assessment, to maximize placement and move people into the proper service and treatment settings as soon as possible, avoiding inappropriate placements or long shelter stays.

Cut the recidivism rate in shelter usage in half by the year 2000.

Improve basic quality and standards at all shelters and residences so that they offer humane and effective services.

By 1999, review and expand standards for all city-contracted homeless facilities, and a system of accountability to those standards.

STRATEGIES AND NEXT STEPS

STRATEGY: Strengthen intake and assessment functions in the OESS system to ensure that people move as quickly as possible to a setting where they will receive the services they need. Put necessary resources upfront to assure high-quality initial assessments and placements.

- To make assessment/intake/placement work, we must ensure that Philadelphia has an appropriate number of shelter beds. In addition to increasing the street population, the lack of available shelter results in poor use of existing resources: in an overcrowded system, persons requesting shelter are sent to the only spots available, even if they are inappropriate placements (e.g. battered women are sent to recovery houses, people who are mentally ill are placed with those who are not, etc.). While efforts are made to reduce the numbers of persons requesting shelter, ongoing assessment must be made of real shelter need, and the appropriate number of beds must be in place.
- OESS and a consulting body of consumers and providers should undertake a full review of the current assessment system and a full-fledged effort to strengthen it. The assessment system should move toward the highest possible quality of

staffing, adequate number of staff, and maximum training of staff, both in understanding of available resources and in sensitivity and relationship skills.

- *Integrate prevention into the assessment system.* All intake sites should be geared toward offering prevention services whenever possible. The work of intake/assessment at OESS sites should coordinate with the community-based prevention efforts.
- *Review all procedures and rules for the various intake sites* to integrate and coordinate them—with each other and with outreach efforts and prevention programs.
- *Revise the policy and practice that permit homeless persons to come into a shelter and stay for up to several weeks before beginning case management. Assessment and placement should seek to ensure that clients meet with case managers immediately,* and be placed in appropriate facilities quickly—for homeless families, the same day.
- *OESS should work to develop the capacity of community and religious groups to provide quality shelter services, utilizing FEMA funds.* Many such groups have experienced a willingness to develop shelter facilities, but need technical assistance so as to be eligible for FEMA funding. OESS could provide technical and capacity-building assistance parallel to OHCD's technical assistance program for special needs housing providers.

STRATEGY: Ensure that all city-contracted homeless facilities have appropriate level of service enrichment and supports to allow homeless persons and families to make the transition from homelessness to stability and self-sufficiency.

- *As much as possible, all sites should be structured to foster a sense of dignity, relationships, and respect.* In some cases, small size is the easiest way to assure quality. In all sites, the staff/client ratio is the real key to quality. The model shelters in Philadelphia have staff/client ratios of one direct-services staff to every five beds. Case management and, whenever possible, other programs and services should ideally be on-site. Programs should be flexible, with longer periods of support/treatment when needed by clients to maximize genuine recovery and rehabilitation.
- *All current city-contracted providers and programs should be reviewed to determine which ones are adequately meeting case management and service needs of which populations.* This review should include an assessment of gaps and necessary resources, as well as overall capacity of current and potential providers within the Continuum of Care. *Contracts and resources should be reallocated accordingly.*

- The city and advocates should undertake an aggressive effort to identify new resources to fund appropriate levels of services:

- Increased city funding for OESS over the next few years to allow more persons to move toward subsidized housing and independent living.
 - Implement the plan for the Homeless Assistance Trust Fund so that more funding will be available for support services.
 - Aggressively advocate for appropriate funding streams from the federal and state levels, including McKinney programs.
 - OESS-funded providers should be supported in undertaking additional fund-raising of private funds.
- New initiatives should be developed to link service programs more directly to education, transitional employment and job readiness/life skills training.

STRATEGY: Develop and enforce standards for all facilities and programs in the continuum.

- A working group of providers, advocates and consumers, in consultation with a Blue-Ribbon panel of the city's hotel and apartment building managers, should *set basic standards* for all residences, facilities, and agencies that contract with the city to provide homeless services. The goals of these standards is to foster an atmosphere conducive to respect and motivation by insisting that all residences be decent, safe, clean, equipped with necessary supplies, accessible and humane.

- OESS and the city should establish a Committee and process to allow for *accountability to standards.*

STRATEGY: Develop and implement a philosophy of rights and responsibilities, rewards and incentives for all homeless clients.

- Infuse the entire homeless system with a *strong, common, coherent philosophy that balances rights and responsibilities* and seeks to foster motivation among homeless clients. Strengthen the current “service plan” model with a stronger message of rewards and incentives, as well as responsibilities. This requires more closely linking service plans to housing and job opportunities. All contracting facilities and all staff would be fully trained in this philosophy.
- Develop a “*Rights and Responsibilities Handbook*” for *residents and clients in the continuum.* This document would define standards of respectful treatment, appropriate access to services, quality of physical facilities, and expectations of

clients. Concurrently, develop a system of accountability to those standards.

STRATEGY: When appropriate, shift programs serving persons with behavioral health issues back to the Department of Health rather than under a separate homeless system.

- *Advocate for reorganization of the structure of city service agencies* so that many transitional/supportive programs serving homeless persons with mental health and drug & alcohol issues are transferred back to already existing city agencies for those populations. The assessment function at all OESS sites should be geared toward moving the appropriate clients to these sites.

STRATEGY: Maximize coordination and integration throughout the entire system.

- *Develop a comprehensive, coordinated Client Tracking System* throughout the continuum, from outreach to permanent housing. It would be especially important that the system be utilized at all points of intake and assessment. Funding for this system has already been provided through the 1995 HUD Cities Initiative grant. The system is in its final planning stages, and should be implemented as soon as possible.

STRATEGY: Improve homeless persons' access to physical and behavioral health services throughout the Continuum.

- Develop new policies at the State Department of Health to *create flexible funding for non-licensed recovery/treatment initiatives*. Advocate for coordinated state funding for a seamless system of recovery services for single adults requiring behavioral health services, including the dually diagnosed.

- Develop new protocols in recovery/treatment programs to allow flexible timelines and new models of extended recovery services, including longer-term clean-and-sober housing.

- Continue the work of Community Behavioral Health without contracting it out to private companies; reinvest savings to fund more case management for homeless persons.

- Widely publicize and distribute information to all case workers and clients on how to access recovery and treatment services, and how to make use of Community Behavioral Health and Behavioral Health Special Initiative.

- Develop recovery programs inside the prisons that are more fully integrated into the criminal justice system.

- Advocate at the state level to develop options for homeless people that assure access to health care, e.g. specialized liaisons at managed care offices easily available by telephone; expedited or streamlined procedures for changing plans or physicians; outreach and tracking to reach homeless clients.

- Seek pooled managed care funding to support nursing case management to coordinate services for homeless persons with complex problems with HMOs, primary care physicians, visiting nurse agencies, medical specialists, shelter staff, Department of Public Health, and OESS.

- Expand full-service primary care centers for homeless clients to have evening hours for minor acute problems and initiation of primary care. Expand on-site teams with consistent clinical staff, which can provide linkages to full-service primary care sites and have a full knowledge of HealthChoices.

- Ensure that the city shelter system has adequate barrier-free, accessible shelter space for persons with physical disabilities; funds should be earmarked in shelter renovation and modernization efforts for this purpose. OESS staff should receive training on issues related to shelter residents with disabilities.

- Develop (with third-party funding) a program of basic counseling/therapy for homeless families in shelters, including specialized therapy for children, to help deal with basic stress of shelter life and underlying issues that precipitated homelessness.

- Develop (with third-party funding) a program that meets the needs of parents with developmentally or educationally delayed children.



The Greater Philadelphia Urban Affairs Coalition's van departs from Broad and Olney for a reverse commute to jobs in the suburbs. Supported by a grant from United Way of Southeastern Pennsylvania, GPUAC's City-to-Suburbs Commuting Project transports welfare recipients and job-ready homeless adults to jobs in Montgomery County. The project uses combinations of SEPTA, the services of Transportation Management Associations, and private vans to expand employment opportunities for disadvantaged city residents.

EMPLOYMENT

Good jobs and education are key to breaking the cycle of homelessness

A job with satisfying work and decent compensation is critical to self-esteem and self-sufficiency. In order to help homeless adults, job training programs must recognize the special needs of homeless adults at different stages of recovery and job readiness; match homeless adults to jobs that offer potential salary increases, health benefits, and the opportunity for further education and career advancement; and focus on job retention and long-term workforce success.

THE CHALLENGE:

■ National and state welfare reform requires almost all adults on welfare to get jobs, or face the elimination of their public benefits. In March 1999, it is estimated that 38,000 Philadelphians will meet their two-year TANF limit, which means they must be working 20 hours per week or lose welfare benefits. These numbers will grow each month after March 1999, as more welfare recipients come to the end of their two-year limit.¹²

■ The current TANF caseload for Philadelphia exceeds 65,000 heads of households.¹² If only 10 percent of this number become homeless as a result of welfare reform, they would double the current number of Philadelphians who are homeless on any given day.

■ A total of 18,400 Philadelphia welfare recipients were thrown off welfare in 1997; they competed with an additional 45,000 city residents for the same 10,000 low-skilled jobs.¹³

■ Philadelphia gained only 1,800 jobs in 1997. Most of this growth was in the business services sector, in jobs that require high school degrees, some college education and, commonly, technical skills.¹⁴ Most job-ready homeless men and women in Philadelphia have reading and math skills at an 8th grade level, including those who completed high school.

■ Job growth outside of Philadelphia is a different story. The nine-county metropolitan region added 37,500 jobs in a 12-month period ending October 1997, and suburban employers have trouble filling entry-level jobs.¹⁴ Unfortunately, many regional job centers are inaccessible without a car, and city residents cannot reach most suburban jobs by public transit in less than an hour—if they can get to them at all.

■ Many poor and homeless adults lack the attributes needed for successful employability: good educational background, marketable skills, a sense of workplace culture and a work history. Current welfare-related policies are not adequate to meet the job needs of poor and homeless Pennsylvanians, nor do they encourage job retention.

¹² "Moving From Welfare to Work," Greater Philadelphia Works Proposed Plan, Private Industry Council of Philadelphia, April 13, 1998.

¹³ "Ed: Cities Need \$ to Cut Welfare," *Philadelphia Daily News*, November 28, 1997.

¹⁴ "City posts 1,800 net gain in jobs in one year," *Philadelphia Daily News*, December 2, 1997.

- Current education and job-training systems do not meet the needs of employers and the job market, nor do these systems support adult education and good-quality child care, the lack of which creates significant barriers to employment.

- Job readiness and placement programs vary widely in cost-per-client and in placement, wage and retention rates. While the city collects some information regarding placement and wage rates for providers funded by OESS, a thorough and on-going evaluation process is not in place to help define best practices for job training and placement programs, and to relate this information to the future delivery of services along the continuum of care.¹⁵

GOALS

By the year 2000, provide job readiness and job placement services so that 2,000 homeless adults are placed in jobs, or in opportunities leading to employment, as follows:

1,000 in permanent jobs paying at least \$6.00 per hour, with employer-paid medical benefits after 30 days. Of these 1,000 placements, at least 500 persons shall remain on their jobs for at least 6 months, and remain in the workplace for at least 12 consecutive months. Provider reimbursement shall be based on tracking and retention on the job, with payouts after 30 days, 90 days and 6 consecutive months on the job, at a total cost not to exceed \$5,000 per client.

1,000 in transitional, part-time jobs, paying at least the minimum wage. Placement is for up to 6 months, in jobs up to 20 hours per week. Jobs are to be career-related and publicly funded, and include opportunities for pre-GED and GED training.

After the year 2000, create a placement capacity of 500 permanent jobs per year, paying at least \$6.00 per hour, with employer-paid medical benefits after 30 days.

STRATEGIES AND NEXT STEPS

STRATEGY: For shelter residents: strengthen current job readiness programs for homeless persons by providing life skills training, case management, transitional employment and educational opportunities.

- In keeping with the city's proposed use of federal welfare-to-work funds, create career-related jobs that provide transitional work opportunities of up to 20 hours per week, for 6 months. Jobs are to be in the non-profit sector, with the city and the School District. Combine jobs with effective case management and education, focusing on pre-GED and GED preparation. Clearly identify expectations for both clients and service providers.

- Advocate for the Pennsylvania Legislature to enact Senate Bill 895 and House Bill 2308, which will create 10,000 full-time community service jobs for people who cannot otherwise find work.

- Reform welfare policies to permit welfare recipients to pursue a pre-GED, GED, or work-related educational program for not one, but two years, as a legitimate work-related activity under the state's requirement of 20 hours of work per week.

STRATEGY: For homeless adults living in transitional, or stabilized housing: expand and replicate currently successful job placement initiatives.

- Place homeless adults (those who have been clean and sober for at least 4 months and are in stabilized housing) in permanent jobs at \$6.00 or more per hour.

- Place at least 50 percent of clients readied for work in jobs for at least 6 consecutive months, at a per-client cost not to exceed \$5,000. Clearly identify expectations for both clients and service providers.

- Set up systems to continually monitor and evaluate what is working and what is not. Focus on outcomes, job retention and cost effectiveness, and what works for which sub-populations of homeless individuals. Avoid duplication of services. Develop a "best practices" standard. Based on evalu-

¹⁵ Under a two year employment initiative managed by the City of Philadelphia, under a "HUD Homeless Initiative Cities Grant," a total of 1,041 homeless people were enrolled in job training programs and 371 persons were placed in full-time jobs. The job placement rate was 36 percent. The job retention rate, after 6 months, was 58 percent. The per-client job placement cost was \$5,390. (Placement rate, retention rate, per-client cost is for full-time jobs, with and without medical benefits, at all pay rates). The initiative ended September 30, 1997.

ation, effectively dedicate and leverage city, state and federal dollars to support what works.¹⁶

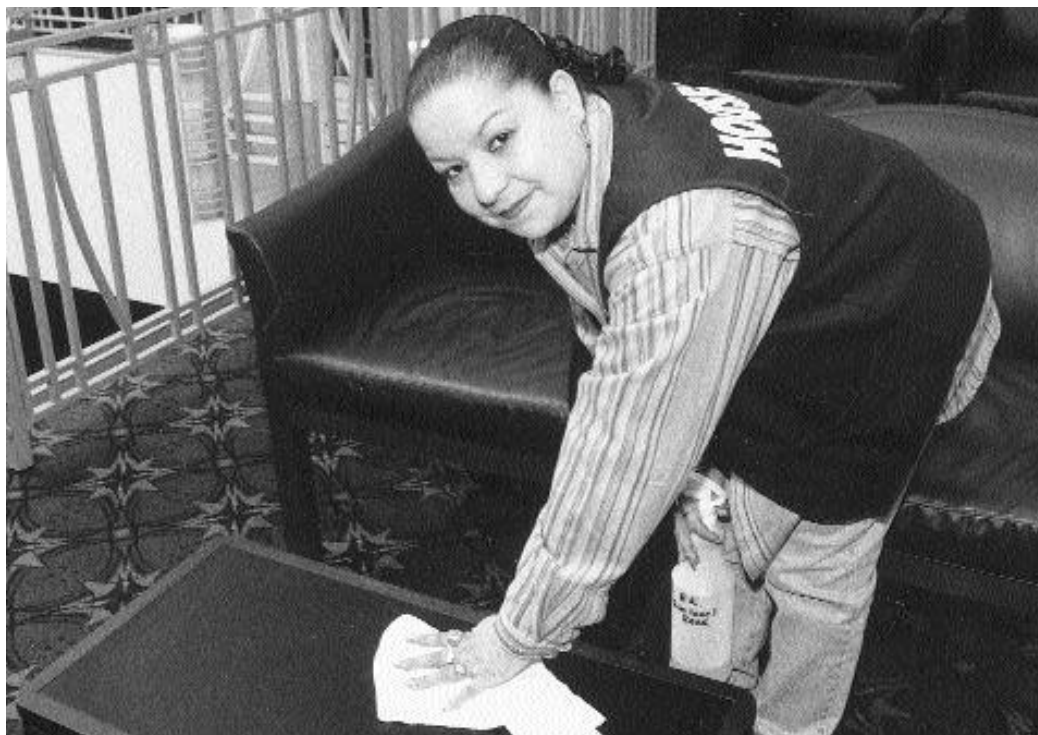
- Identify qualified employment and training programs, including placements that would be appropriate for persons with disabilities. As much as possible, these programs should be linked with housing counseling efforts for persons with disabilities.
- Expand permanent, family-sustaining job placement opportunities by focusing on job development linked to the transportation of inner-city residents to the suburbs.
- Expand the GPUAC's City-to-Suburbs Commuting Project to provide transportation services to homeless adults who are job-ready, including transportation subsidies for 90 days.
- Work with SEPTA "to identify reverse commute service needs" (as stated in SEPTA's new Five Year Plan, 1999-2003), and to provide appropriate vehicles and/or extended services to take inner-city residents to suburban jobs at an affordable fare, and within one hour each way.
- Develop jobs in the city by identifying employers' needs, and matching job-ready, clean and sober clients with appropriate job openings.
- Advocate for policies that require the state and city to encourage contracting businesses to hire job-ready homeless adults.

STRATEGY: Advocate for policies and support systems that help persons make the transition from homelessness to work, and that increase job retention.

- Increase job retention by developing follow-up programs for homeless adults who are new to their jobs. Set up programs at worksites that hire the homeless. Programs should include mentoring, coaching, and other supports. Train employers to provide these services.
- Advocate for affordable, decent childcare that meets the needs of single parents who work traditional and non-traditional hours. Provide transitional child care assistance to the working poor, who otherwise pay the highest percentage of their income for day care. Eliminate the state's proposed "tier system" for child care, which will raise the co-pay for quality care beyond the reach of homeless families striving for self-sufficiency.
- Advocate for maximum use of federal funds for "reverse commuting" through the Intermodal Surface Transportation Efficiency Act (ISTEA) and federal welfare-to-work funds.

¹⁶This evaluation should be done in collaboration with Fairmount Ventures, who is evaluating job training, placement and retention programs for the homeless in the Philadelphia region. Fairmount's work on this study, supported by a private foundation, began in May 1998 and should be completed by January 1999.

Rosemary Lopez, a graduate of the Greater Philadelphia Urban Affairs Coalition's job readiness and placement program for homeless adults, at work for Team Clean at the Pennsylvania Convention Center. A full-time worker and union member, Lopez's wage and benefit package enabled her to move into her own home in Kensington with her two children. With support from One Day At A Time's grass roots recovery program, Lopez overcame tremendous odds: 20 years of heroin addiction and the death of both of her parents from the same drug.



HOUSING

Housing is central to solving homelessness. We must assure a sufficient stock of decent, affordable, and appropriate housing

The diversity of the homeless (and at-risk) population requires development of various kinds of housing throughout the city, including supportive housing for individuals with behavioral health issues; long-term subsidized housing with support services for low-income households; and affordable non-subsidized housing, including home-ownership, for low-income families. All of these forms of housing must be affordable, accessible, decent, safe, stable, and, when appropriate, fully linked to on-site or community-based support systems and public transportation.

THE CHALLENGE

■ Because of poverty, a large number of Philadelphia households require some kind of housing assistance. Over 16,000 families are on waiting lists for Section 8. Thousands of others are living in substandard housing and paying excessive costs in rent.

■ Like the nation as a whole, Philadelphia suffers from an affordable housing crisis. While the numbers of households requiring housing assistance has grown, the availability of affordable housing units has shrunk. Costs for decent housing are beyond the reach of most low- and moderate-income families. The number of housing subsidies from the federal government are far below the need.¹⁷

■ While the City of Philadelphia has a large housing stock, a significant proportion of it is abandoned and deteriorating. This is a drain on City resources, a destabilizing factor in neighborhoods, and a waste of potential housing.

■ Many homeless families who are making the transition from shelter to subsidized housing require ongoing support services. Without these services, they often fail, which fuels negative public perceptions of subsidized housing.

■ The availability of specialized supportive housing programs for persons with special needs (e.g. mental illness, recovery, physical disabilities, AIDS) is far short of the need.

■ Efforts to develop appropriate housing for homeless, low-income, and special-needs populations is often hindered by community opposition (NIMBYism).

GOALS

Increase by 25 percent each year the number of homeless families receiving permanent housing assistance.

Expand stock of affordable housing for low-income households by an additional 500 new units per year.

Expand stock of affordable housing for very-low income families and single adults by an additional 500 new units per year. This figure would include 250 units of supportive housing each year for special-needs populations

Advocate for new funding from the public and private sectors that will result in 20 percent increase in housing resources each year.

STRATEGIES AND NEXT STEPS

STRATEGY: Develop a Philadelphia Housing Plan to address the needs of homeless and at-risk populations in Philadelphia.

■ A committee of housing advocates should develop the Plan, which would include a “real needs” budget, a likely scenario budget, a set of goals and objectives that should include a net reduction in people living on the streets and in shelters, and an action plan that includes a list of primary and secondary actors for each action item. The scope of this plan, while it cannot cover all housing needs in Philadelphia, should try to cover the currently homeless population as well as a determination of the significantly at-risk population.

■ The responsibility of implementing this Housing Plan should be jointly shared by the Mayor’s Deputy Managing Director for Special Needs Housing (MDSNH) and the city’s Office of Housing and Community Development (OHCD). These two departments would share primary coordinating and planning responsibility for addressing homelessness issues in Philadelphia, working in conjunction with an appropriate body of housing advocates.

¹⁷ National Low Income Housing Coalition, *Out of Reach: Can Americans Pay the Rent?* (May, 1996); Harvard University/Joint Center for Housing Studies, *The State of the Nation’s Housing 1997* (1997). See also the City of Philadelphia Office of Housing and Community Development’s *Preliminary Year 24 Consolidated Plan*.

STRATEGY: Coordinate housing and services for homeless and at-risk populations, with cooperation from appropriate City and state agencies and an emphasis on community-based services.

- As part of the Housing Plan, the Office of Emergency Shelter and Services (OESS) would be assigned the task of implementing shelter and emergency services and assisting individuals and families into transitional housing. The MDSNH should decide how OESS and DHS will share and divide case management duties, and would work with the Office of Mental Health/Mental Retardation, the Coordinating Office of Drug and Alcohol Abuse Programs, and the AIDS Activities Coordinating Office to coordinate their respective services with OESS. OHCD should oversee joint process with RDA and PHA in developing and managing an increased number of transitional and long-term rental units. Mechanisms should be created to allow for contracting out property management and social services functions if PHA, in particular, does not meet performance standards.

- OHCD and MDSNH should also better coordinate the city's homelessness activities with state agencies (PHFA, DPW, DCED, Labor and Industry). These agencies must allocate resources in Philadelphia in coordination with the homelessness strategy. This would include designing housing development, supportive services, job training, child care and other programs so that homeless individuals and families would have adequate access to them.

STRATEGY: Advocate for key public resources to expand funding for affordable housing for various populations in Philadelphia.

- *Increase the federal allocation of Low Income Housing Tax Credits.* There are bills currently in Congress that would significantly increase the allocation of this favored mechanism for producing affordable rental housing. If passed, these bills could increase Philadelphia's receipt of credits by 70 percent, which could help fund as many as 400 new housing units each year.

- *Increase the federal allocation of state private activity bonds.* This would allow Pennsylvania to dedicate more bond authority to PHFA for housing activities (see below). Current bills before Congress could result in an additional \$300 million for the entire state, of which \$100 million would go toward housing programs, resulting in a possible increase of \$25 million for Philadelphia.

- *Shift some of PHFA's bond activity away from home ownership towards rental housing.* This would allow additional tax credits above and beyond the prospective Congressional increase in credit allocation. This would be particularly useful in the reengineering of public housing which, although con-

troversial, has the potential to yield some gains in the stock of affordable rental housing. One plan would shift \$75 million toward rental housing, of which \$35 million would go to Philadelphia.

- *Support proposed increases in the federal McKinney Program.* New budgetary proposals by President Clinton and HUD Secretary Cuomo would increase HUD funding nationwide by \$1.4 billion, which could mean significant new resources for Philadelphia. We urge strong support for this budget.¹⁸

- *Create a Pennsylvania Housing Trust Fund* by placing a \$10 surcharge on all property insurance policies. This would create an estimated \$40 million annual housing fund above and beyond current state housing funds. Philadelphia would receive approximately 20 percent of this for homeless and affordable rental housing.

STRATEGY: Reform the Section 8 program so that it meets the needs of tenants and continues to provide critically needed housing subsidies for low-income Philadelphians.

- *Maintain homeless priority.* Without this, the shelter system would remain hopelessly full, while increasing costs for the city.

- *Change HUD regulations to reduce inflated Section 8 subsidies* to fair market rental rates.

- *Establish and enforce codes of responsibility for both tenants and contracting landlords.*

- *Integrate the Section 8 application process into the Continuum of Care and into a new philosophy of reward/incentive.* Clients entering the homeless system, under a rights/ responsibilities system, would only apply for Section 8 when they are established in an appropriate case management program at a residential facility, and in conjunction with progress made in that program. This requires more integration between OESS case workers and the Section 8 program. Similarly, provide specialized training to prepare families for independent living in neighborhoods.

- *Create an admissions/screening committee* for Section 8 applications (modeled on similar committees for AIDS housing or for TAG transitional housing). This committee would be contracted with PHA but would function independently and make recommendations to PHA. It would consist of representatives from PHA, OHCD, OESS, former shelter resi-

¹⁸The National Coalition for the Homeless also has a 13-point plan for advocacy at the federal level. *Homelessness in America, Unabated and Increasing: A 10 Year Perspective*, (December 1997), p. 8-9.

dents, current Section 8 tenants, community representatives, etc. Based on recommendations by a case manager, the committee would determine the applicant's readiness for Section 8 living.

- *Provide case management with an After Care component* which would continue for homeless families moving from shelter into Section 8, for up to two years. This could be modeled on PHMC's Homeless Families Initiative developed in the mid-1980s.
- PHA would contract with a private organization to create *an experimental pilot program of access to Section 8* in conjunction with the community-based homelessness prevention centers, with the mandate of assisting families who do not require residential support systems to move directly into Section 8 housing. It would likewise use case management (non-shelter-based) and a screening committee.
- *Create administrative and management systems* to deal with community tensions or conflicts caused by Section 8 residents, including a hotline, new inspectors, a mediation program, and social work services for clients.
- OESS should *certify transitional housing facilities used by persons with disabilities* as equivalent to other shelters so that these persons will be able to access the Section 8 program.

STRATEGY: Develop policies that counter the deterioration and abandonment of Philadelphia's housing stock and allow for easier renovation and rehabilitation of housing units.

- Aggressively support anti-bligh legislation in the Pennsylvania General Assembly. The Pennsylvania Low-Income Housing Coalition is actively supporting an anti-bligh package of legislation aimed at ensuring compliance with municipal housing codes. Such laws would institute and/or strengthen penalties against non-compliant owners/landlords. In addition, it requires full property tax compliance by landlords who benefit from Section 8.
- The city should implement vigorous reforms in policies on land use, blighted properties, tax delinquency, and licensing and inspection to allow easier turnover of abandoned, deteriorating properties to CDCs and other organizations to do effective housing and community rehabilitation.
- Enforce housing codes. The city's Licensing and Inspection division should increase the number of inspectors to permit immediate, more aggressive enforcement of codes. In addition, in order to allow landlords to make necessary repairs, the city should develop a low-interest or interest-free loan program for rental properties that must be brought up to code—preventing property owners from simply abandoning properties.

ADDITIONAL ACTIVITIES:

- Work toward a “unified City housing policy.” Convene a special working group made up of representatives from OESS, OHCD, PHA, and RDA, whose task would be to work toward greater coordination and integration of the various housing agencies and what they offer to persons who are homeless. This working group would identify problems and gaps in inter-agency interaction and would identify mechanisms to solve these problems and improve coordination (without creating a new layer of bureaucracy). Some areas that may require clarification and reform include:
 - Appropriate forms of data and record sharing for clients when clients move from the purview of one agency to the next (respecting issues of confidentiality and privacy).
 - Communication between agencies as well as policies to assure effective transition of services for clients .
 - Streamlining of processes for application for funding.
- Develop a City anti-NIMBY policy. The city must take a more aggressive stance in ensuring fair housing and in creatively and constructively dealing with instances of NIMBY (“Not In My Backyard”) opposition. Rather than simply reacting to specific conflicts, we call on the city to adopt an anti-NIMBY policy, including the following elements:
 - Drafting and passing of a City ordinance that commits the city to a full commitment to the federal Fair Housing Act and to proactive measures to ensure fair housing for all citizens.
 - Creation of a special committee to help implement fair housing and to resolve community conflicts related to housing issues.
 - Revision of the city's zoning code by a committee of lawyers to bring the entire code up to federal fair housing standards.

HOMELESSNESS PREVENTION

Many at risk of homelessness could be assisted through appropriate, cost-effective, community-based interventions, including housing and income stabilization and early access to support services.

In recent years, the idea of homelessness prevention has evolved as a new front in the fight against homelessness. In an era of scarce resources, prevention efforts seek to use limited dollars to assist people at risk before they end up in expensive shelters or on the streets. Prevention efforts likewise recognize that shelters are not a solution to poverty, and that we should develop more front-line interventions for people before they reach the desperate stage of homelessness.

Since 1983, the City of Philadelphia and United Way of Southeastern Pennsylvania have funded a Travelers Aid Program that helps prevent homelessness by helping homeless people travel out of the city, usually to be with other family members. Since 1996, the City of Philadelphia has developed a variety of pilot programs called “Homelessness Prevention,” including community-based centers offering case management, emergency rental assistance, referrals, and job training. Early evaluations of the city’s prevention efforts indicate that the vast majority of persons receiving emergency assistance (93 percent and better) avoided shelter stays. Preventing homelessness, through a range of activities, is especially crucial in the wake of welfare reform. Those welfare recipients who are unable to find jobs but begin losing benefits are especially prone to homelessness.

THE CHALLENGE

■ Thousands of low-income families in Philadelphia are paying 50 percent or more of their income on rent alone. Housing assistance programs are available to less than 30 percent of eligible households.¹⁹

■ The welfare reform movement has put many more Philadelphians at risk of homelessness. State welfare changes in recent years (Act 49 and Act 35) left thousands of single men and women in the Philadelphia area with no income and no medical assistance. Under the 1996 state and federal welfare changes, many families who are unable to find work will have no income by March 1999.

■ In 1997, the Department of Licensing and Inspections received over 100,000 complaints about housing code violations—signifying the seriousness of housing deterioration in Philadelphia.

■ In recent years, energy assistance and weatherization programs have been cut or curtailed, further burdening thousands of low-income families who are paying excessive amounts of their incomes for utilities. Many families are left without heat or electricity. Each year dozens of Philadelphians die from fires related to poor electrical wiring or to alternative heat sources when utilities are cut off.

■ Better assessments are needed to determine which populations genuinely benefit from current models of prevention services. Many short-term prevention efforts may not adequately address the multiple problems of persons and families that often lead to homelessness: addictions, mental illness, domestic abuse, severe poverty, lack of education and employability, physical disabilities.

GOALS

Increase by 30 percent the number of persons served effectively by community-based prevention programs each year.

Sustain the success rate of prevention centers and ensure that all clients receive a full range of services and case management at community-based prevention centers.

Decrease the number of persons utilizing City shelter services by 10 percent each year through a range of effective programs of housing stabilization, utilities and weatherization assistance, referrals, income supports, and early intervention efforts.

STRATEGIES AND NEXT STEPS

STRATEGY: Evaluate the work of current community-based prevention centers to determine what needs they can most effectively meet. Expand and strengthen the work of these centers accordingly.

■ *Fund a thorough study of current City-funded prevention efforts* to fully assess their effectiveness, including a determination of what kinds of people are requesting services, their needs, and what supports are working. It is critical that we obtain data that allows us to know if prevention funding is being used as effectively as possible.

■ *Expand the work of current community-based prevention centers.* Based on assessments, provide increased resources to prevention centers, including more staffing, to increase the number of persons benefiting from services. Ensure that all clients at these centers are provided with a broad range

¹⁹ City of Philadelphia Office of Housing and Community Development’s Preliminary Year 24 Consolidated Plan, pp. 5-6.

of services, including non-shelter case management, housing and budget counselling, adequate and flexible rental assistance funds, information on tenant rights and legal assistance, and appropriate and comprehensive referrals to supportive agencies and programs. These centers must also put a stronger emphasis on job referral and placement.

- *Fully link the community-based centers with OESS and the continuum of care.* As a way of integrating prevention into the continuum of care, all prevention efforts should participate in the same comprehensive Client Tracking System and intake/screening/assessment information. Staff of OESS prevention centers, intake sites, and outreach programs should have common training, should track common information on clients, and should follow a similar philosophy of referring individuals and families to the appropriate services—when-ever possible, to community-based services, but when necessary into homeless programs.

STRATEGY: Provide adequate resources and enact policies that effectively meet the short-term housing emergencies of families who otherwise would become homeless.

- *Enforce housing codes.* Increase the numbers of L&I inspectors to permit more aggressive enforcement of codes. Develop a low-interest or interest-free loan program for rental properties that must be brought up to code.

- *Expand utility assistance.* Twenty percent of all persons entering the city's shelter system reported a utility shutoff in the previous twelve months. All possible effort should be given to expanding and making available utility-assistance programs, including Consumer Responsibility Program (CRP), Customer Assistance Program (CAP), LIHEAP and LIURP, with increased levels of funding. In some cases, regulations should be revised to make these funds more available to persons at risk of homelessness. Such programs should also be closely linked to the work of community-based prevention centers.

- *Expand weatherization programs.* Similarly, excessive utilities and heating costs for low-income families can be prevented through expansion of weatherization programs, including those that offer heating systems repairs.

- *Provide adequate funding for Homeowners Emergency Mortgage Assistance Program (HEMAP)* to provide emergency loans for families in danger of foreclosure.

- *Develop state and city anti-bligh policies.* Support anti-bligh legislation in the Pennsylvania General Assembly, and adopt similar City policies to help stabilize much of the deteriorating housing stock in Philadelphia.

STRATEGY: Develop strategies to locate and reach out to special-needs populations at risk of homelessness.

- *Develop programs of community and neighborhood outreach* through which agencies provide education about

behavioral health services to school, clergy, recreation and community centers, health care facilities, DPW offices, block captain associations.

- *Assure that City homelessness prevention centers disseminate appropriate information* on behavioral health services, and establish working relationships with local mental-health and substance abuse programs.

- *Set up linkages of behavioral health systems* with area hospitals, foster care agencies, and the criminal justice system to help in locating and reaching out to this population.

- *Develop a system to identify and reach out to mental health consumers who cease treatment* at a mental health center, with assigned case workers to assure they don't fall through the cracks and end up on the streets.

- *Establish a working group of mental-health providers* to undertake definitive/accurate analysis and prep work in discharge planning for long-term and short-term mental-health inpatient populations.

STRATEGY: Support community development and groups who are stabilizing housing and undertaking neighborhood-based welfare-to-work initiatives.

- *Support various grassroots efforts*, including Jobs and Opportunities to Improve Neighborhoods (JOIN) and Philadelphia Interfaith Action. These and similar organizations are engaged in neighborhood-based evaluations of the impact of welfare reform, the educational and employment needs of neighbors, and gaps in community-based services. These efforts provide critical information for advocacy around issues of welfare reform and employment.

ADDITIONAL ACTIVITIES:

- Increased funding for prevention activities. Identify sources of new funding for prevention services that do not divert from current programs and services, including the Mayor's Office of Community Services; the Community Services Block Grant; Federal Welfare to Work funds; and the State Homeless Assistance Program

- Advocate for changes in state eligibility requirements to allow for more flexible funding for prevention programs and services. Especially at the state level, regulations and eligibility requirements make it difficult for Philadelphia to utilize some potential funding streams for effective prevention services for at-risk populations. Those regulations could be made more flexible, allowing more local control. However, this should not be done if it would result in greater competition for scarce resources, e.g. if it would result in funding taken away from renewals of housing subsidies or expansion of permanent housing subsidy programs.

APPENDIX A: HOW YOU CAN HELP

There are many solutions proposed in this Blueprint. It is up to each of us to put these ideas into practice.

The help of individuals, neighborhood groups, religion-based organizations, and large and small businesses can all have a positive and significant impact.

“Help” means different things to different people. You can commit a few hours a week to childcare or to increasing the literacy skills of a homeless adult. Your business or organization can donate a van, hire a formerly-homeless adult, or

provide financial support to nonprofit agencies serving the homeless. There are many ways to get involved.

“Help” also means involvement in the public policy arena. Elected officials—federal, state, and local—need to hear from you when it comes to legislation and funding for affordable housing, keeping emergency shelters open, or what are now called “quality of life” issues. Advocacy counts.

For more information on getting involved, contact one of the nonprofit agencies affiliated with the GPUAC Homeless Program Committee, or the United Way of Southeastern Pennsylvania’s Volunteer Center.

Calcutta House

1601 West Girard Avenue
Philadelphia, PA 19130
215-684-0480
FAX 215-684-0490

Dignity Housing

7047 Germantown Avenue
Philadelphia, PA 19119
215-242-3140
FAX 215-242-3382

Greater Philadelphia Urban Affairs

Coalition Partnership for Jobs and Housing

714 Market Street, Suite 205
Philadelphia, PA 19106
215-451-6400, ext. *811
FAX 215-451-6406

OIC Urban Services Center

1600 North 19th Street
Philadelphia, PA 19121
215-765-2640
FAX 215-765-3224

One Day at a Time

2310 N. Broad Street
Philadelphia, PA 19132
215-226-7806
FAX 215-226-7869

Pennsylvania Low Income Housing Coalition

4 South Easton Road
Glenside, PA 19038
215-576-7044
FAX 215-887-8638

People’s Emergency Center

325 N. 39th Street
Philadelphia, PA 19104
215-382-7523, ext. 234
FAX 215-386-6290

Philadelphians Concerned About Housing

21 South 61st Street
Philadelphia, PA 19139
215-748-8750
FAX 215-748-6969

Philadelphia Health Management Corp.

260 South Broad Street, 19th floor
Philadelphia, PA 19102
215-985-2553
FAX 215-731-2199

Project H.O.M.E.

1515 Fairmount Avenue
Philadelphia, PA 19130
215-232-7272
FAX 215-232-7277

Tenants’ Action Group

21 South 12th Street
Philadelphia, PA 19107
215-575-0700
FAX 215-575-0718

Thomas Jefferson University Department of Family Medicine Division of Education

1015 Walnut Street; Suite 401
Philadelphia, PA 19107
215-955-0535
FAX 215-955-9158

Travelers Aid Society of Philadelphia

311 South Juniper Street,
5th floor
Philadelphia, PA 19107
215-546-0571
FAX 215-546-5613

United Way of Southeastern
Pennsylvania - Volunteer Centers
Philadelphia 215-665-2474
Suburbs 610-558-5639

For a list of elected officials,
contact:

The Committee of Seventy
Phone 215-557-3600
FAX 215-557-3608
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APPENDIX B: HOW WE GOT HERE

How did homelessness emerge as a widescale social phenomenon over the past twenty years—in the nation as a whole and in Philadelphia?

THE TRANSFORMATION OF AN ECONOMY

Philadelphia was once a city of neighborhood-based manufacturing jobs with good wages that supported families in modest homes in stable neighborhoods. Over the course of the past four decades, the city lost between 175,000 and 250,000 jobs. This economic “disinvestment” is at the roots of massive urban decay.²⁰

Philadelphia’s history is part of a profound transformation, occurring in the United States as a whole and in other major industrialized countries, to a post-industrial, largely service-based economy. Reasons for this transformation include technological changes, globalization, labor unions and wages, tax policies, municipal transportation and infrastructure. The trend of “deindustrialization” has resulted in greater unemployment and underemployment for many workers, and for others a declining value in wages.

As the job base disappears, a cycle of forces comes into play: families struggling to get by, inability to maintain properties, decline in property values, increased poverty, various forms of social disinvestment including the quality of schools and social services, consequent stress on families and communities, family dysfunction, substance abuse and addiction, and crime—and further disinvestment, further community breakdown, and further spiraling into cycles of poverty.²¹ It is no surprise that poverty is most concentrated in those neighborhoods that have suffered from the most dramatic disinvestment, or that the vast majority of Philadelphia’s homeless came from particularly blighted and unstable neighborhoods.²²

THE LOSS OF AFFORDABLE HOUSING

As economic disinvestment took its toll on many neighborhoods, another dramatic force was at work—the stock of affordable housing was drastically disappearing. Between 1973 and 1993, 2.2 million units of affordable housing disappeared from the market nationwide—at the same time that the number of Americans needing and qualifying for low-income housing was increasing. Again, the causes were

diverse: market forces that raised rental costs, urban renewal and gentrification, tax and finance regulations that discouraged the creation of lower-cost housing, disinvestment and abandonment of housing units in some areas, and a scaling back in government production of public housing units, and the decline of urban SRO hotels that once met a critical need for low-cost housing for single adults.²³

Recent studies show that the situation of affordable housing continues to decline. Because of rising housing costs, shrinking real wages, and the destruction of millions of affordable housing units, an alarming number of American families face a housing problem. In 1997, nearly 19 million households were low-income and most were paying too much for housing relative to household income. A 1993 HUD report documented 13 million Americans living in “worst-case” housing situations: very-low income renters with federal housing assistance who pay more than half of their income for housing, and/or are currently living in substandard housing. With an estimated 17 million fewer affordable units than renters, the federal government has acknowledged that the housing market is not meeting the needs of low-income Americans.

The national housing crisis hit Philadelphia hard. A 1990 report identified 71,794 of the city’s housing units (10 percent of the city’s entire housing stock) as vacant. Much of the city’s housing stock is old and in need of substantial upgrading and repair. A substantial number of low- and moderate-income Philadelphians are living in substandard housing and paying in excess of 30 percent of their income for rent. Recent studies show that 52 percent of the city’s 230,000 renters cannot afford a two-bedroom unit, and 43 percent cannot afford a one-bedroom unit.

Another indication of the squeeze in housing is the lengthy waiting lists for subsidized housing for low-income families—16,074 Philadelphians in 1995. Waits can be as long as three years.

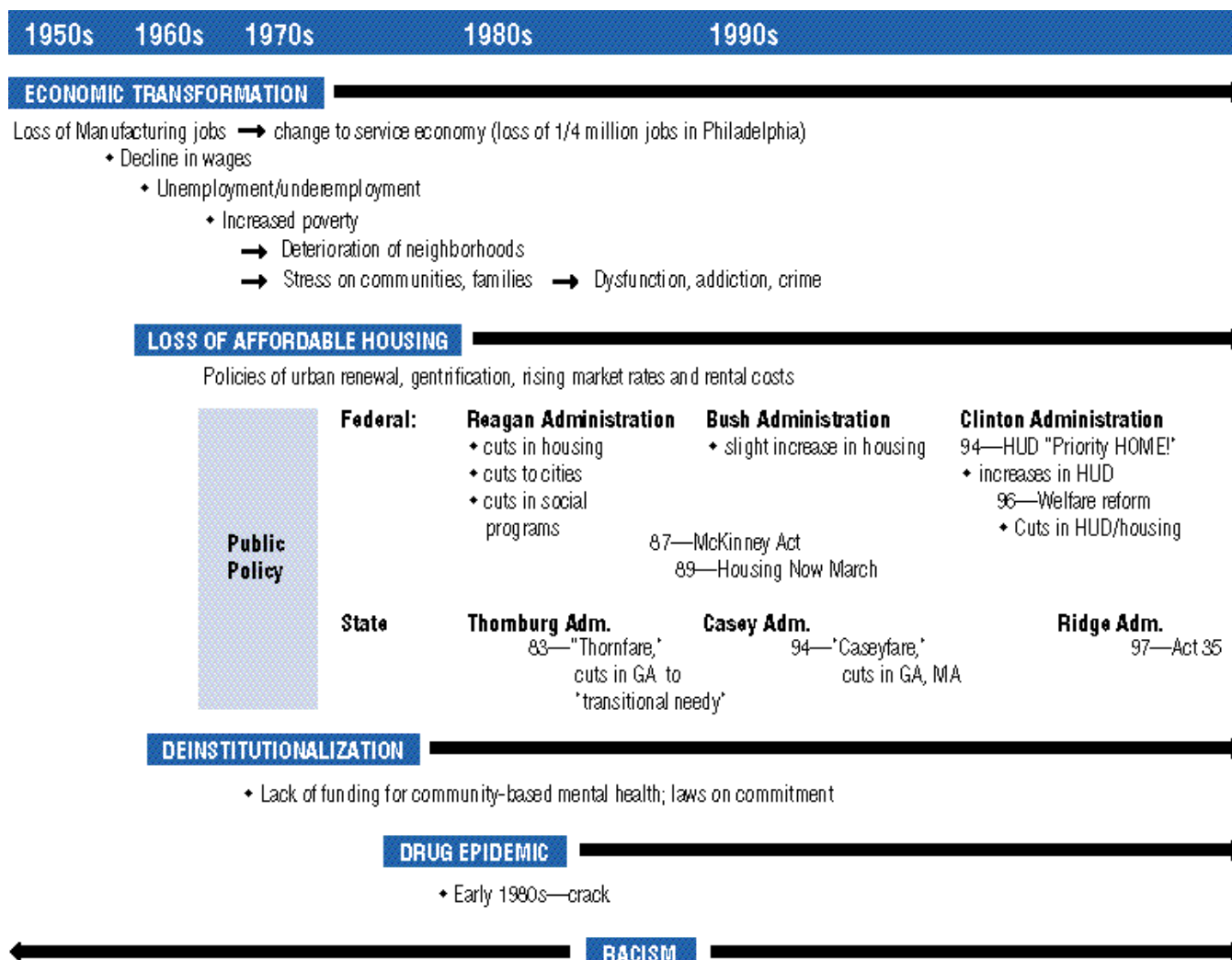
²⁰ City of Philadelphia/Office of Housing and Community Development, *Neighborhood Transformations: The Implementation of Philadelphia’s Community Development Policy* (February 1997).

²¹ Between 1969 and 1989, the poverty level in Philadelphia increased from 15.2 percent to 20.3 percent. In 1996 over 231,000 Philadelphians were receiving AFDC benefits, and over 500,000 receiving some form of public assistance—over a third of the city’s population. Thirty-seven percent of the city’s households qualify as “extremely low income” or “low-income.”

²² Dennis Culhane, “Where the Homeless Come From” (1996).

²³ National Low Income Housing Coalition, *Out of Reach: Can Americans Pay the Rent?* (May, 1996); Harvard University/Joint Center for Housing Studies, *The State of the Nation’s Housing 1997* (1997).

Homelessness in Philadelphia: The Historical Context



Part of the crisis for low-income families is the inadequacy of public benefits. As in many parts of the country, a decent housing unit is out of reach for those on welfare. The average TANF grant in Pennsylvania is \$443 per month for a family of three. Meanwhile, the fair market rental rate in Philadelphia is about \$670 for a typical two-bedroom apartment—\$840 for a three-bedroom apartment.

An unacceptable portion of the city's housing stock is deteriorating and unlivable, while much of the decent housing is unaffordable for the poor. Finding an adequate housing unit is almost impossible for lower-income Philadelphians. Those who find housing are often trapped in substandard and even dangerous units. Meanwhile, subsidized housing is becoming scarcer.

THE IMPACT OF PUBLIC POLICIES: THE FEDERAL LEVEL

More recent contributing factors include public policies dating from the early 1980s. The trend in federal and state government in past two decades has been the ascendancy of conservative philosophies of "smaller" government—including dramatic reductions in public assistance programs that serve low-income persons. The result has been an erosion of the social "safety net."

At the federal level, conservatism's first wave washed in with the Reagan Administration (1980-88), which enacted unprecedented cuts in a wide range of public assistance

programs, including housing programs and funds for cities. Although the earliest cases of modern homelessness were in the late 1970s, the numbers of such cases rose dramatically after many of the Reagan cuts.

Ironically, it was in the later years of the Reagan Administration, in response to much public advocacy for housing and the homeless, that Congress passed (and President Reagan reluctantly signed) the 1987 McKinney Act, a landmark piece of legislation that acknowledged homelessness as a national crisis and provided funding for a range of programs for homeless persons.

While the Bush Administration (1988-1992) followed the same governmental philosophy as the Reagan era, it also saw some restoration of housing funds, particularly in subsidized housing, as well as increases for McKinney programs. This was partly in response to increasing advocacy efforts, including the 1989 Housing Now march in Washington, D.C.

The first term of the Clinton Administration (1992-1996) was marked by an early commitment to making homelessness a major priority. President Clinton and HUD Secretary Henry Cisneros formed an Interagency Council on the Homeless, which developed a coordinated federal plan to break the cycle of existing homelessness and prevent future homelessness. Consequently, HUD implemented a new continuum of care approach and dramatically increased funding to McKinney and other homeless programs. Under the Rendell Administration, Philadelphia greatly benefited from new infusions of federal money.

By the end of his first term, President Clinton had signed the federal welfare reform bill and, with pressure from a Republican Congress, had greatly de-emphasized homelessness and housing. By all appearances, the Clinton Administration also significantly retreated from its stated commitment to housing. Housing subsidies were cut, as were many of HUD's programs. However, in January, President Clinton and HUD Secretary Andrew Cuomo announced a proposal for \$1.4 billion in new HUD funding for a variety of initiatives to support homeless and low-income Americans.

THE IMPACT OF PUBLIC POLICIES: THE STATE'S RESPONSE

Following the same wave of conservative philosophy that prevailed in the 1980s, Pennsylvania's Thornburgh Administration (1978-1984) enacted Act 75 in 1982, the first major welfare reform in Pennsylvania. Act 75 drastically limits general assistance to recipients termed "transitional needy" and "able-bodied." These cuts affected almost 70,000 people, half of them in

Philadelphia. Two years later, in response to the rise of homelessness in Philadelphia (the average daily shelter census rose from 251 in 1982 to 911 in 1984), the Governor released new monies to help the city fund emergency shelters.

The early years of the Casey Administration (1988-1994) saw some efforts to respond to the growing crisis of homelessness, including new programs such as PENNFREE and Bridge Housing. By 1994, Governor Casey had authorized Act 49, a second wave of welfare reforms that further cut general and medical assistance. 45,500 persons in Philadelphia lost some or all benefits (5,500 "chronically needy," 40,000 "transitionally needy").

The Ridge Administration (1994-present) continues the process of welfare reform in conjunction with federal welfare reform. Act 35 in 1996 eliminated 40,000 "transitionally needy" persons from rolls and changed rules and eligibility for those who were "chronically needy." Mirroring federal changes in welfare requirements, Act 35 required that all Pennsylvania TANF recipients find employment within two years or lose benefits; all recipients also face five-year lifetime limits.

THE NATIONAL EPIDEMIC OF ADDICTIONS

Substance addiction is a plague that affects millions of Americans. Throughout all demographic sectors of our society, drug and alcohol addictions take a profound toll on the individual and on families and communities. The nation as a whole suffers from the epidemic of addiction in terms of health, finances, civic responsibility, education, crime, and basic social fabric.

The 1970s and 1980s saw steadily increasing use of narcotics, including the introduction of crack cocaine in the early 1980s. (The crack epidemic hit Philadelphia around 1987. The city's Coordinating Office for Drug and Alcohol Abuse Problems identified 79 admissions for clinical treatment in 1980; by 1989, that number had risen to 10,000.) Not surprisingly, economically disadvantaged communities were hit especially hard by addictions because of the emotional vulnerability of the residents, the lack of resources for adequate treatment, the lack of strong social and family support systems, and the market targeting of drugs like crack.

An estimated 35-40 percent of homeless adults in Philadelphia have a drug problem. A hard-to-estimate proportion of persons at risk of homelessness are affected either by personal addictions or by addicts in their families and communities. There is a substantial overlap among persons facing addiction, homelessness, and the criminal justice

system. As many as 80 percent of all prisoners in Philadelphia have some kind of addiction problem—resulting in a revolving door of addiction, crime, and homelessness.

THE SOCIAL FAILURE OF DEINSTITUTIONALIZATION

Beginning in the 1950s, a new social philosophy called for a shift in mental health care from large (often inhumane) institutions to community-based treatment centers, with the possibility and resources for real treatment. This philosophy of “deinstitutionalization” culminated in the 1963 federal Community Mental Health Act promulgated by the Kennedy Administration. Many persons with mental illness were released from institutions during the 1960s and 1970s (time frames differed from state to state), but the significant increase in homelessness did not happen until the 1980s.

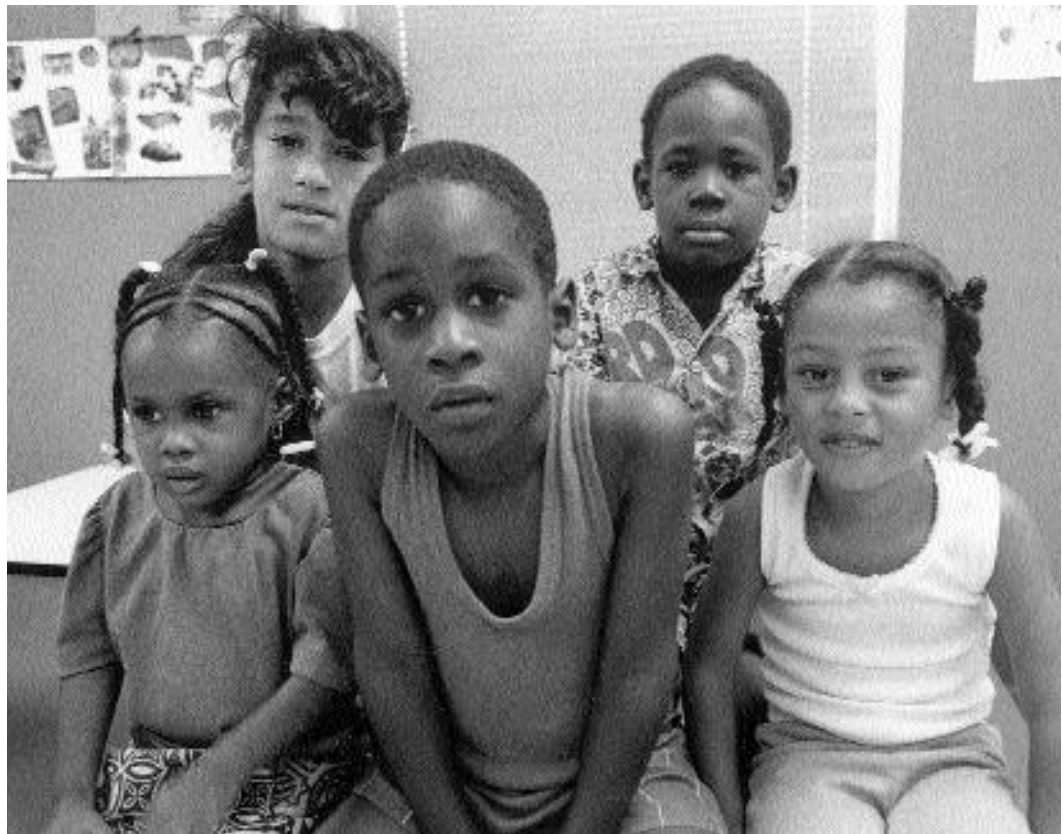
The crisis of deinstitutionalization is sometimes interpreted as an intrinsically flawed policy of “dumping” people. In

fact, part of the failure of deinstitutionalization was the lack of adequate funding by the federal and state governments for appropriate community-based mental health care. Because of a fragmented and incomplete transition from one deeply flawed model of care—large institutions with minimal supports—to another more positive model—community-based, service-enriched care—many persons fell through the cracks, ending up on the streets or in shelters with no supports. Today, our communities still struggle not only for adequate resources, but for systems that respect the dignity and rights of persons with mental health disabilities and can help them to appropriate services. The debate continues, for example, over the use and appropriate application of involuntary commitment laws.

As disturbing as this history is, it also tells us that homelessness, contrary to common belief, has not always been with us in the form we see it today. Poverty has been a tenacious presence, in this country and throughout the world. But the severity and extent of poverty that is homelessness in America today is fundamentally new.

“There is no rainy day fund for children who live under a constant drizzle. The malignancies of poverty weave for them a daily nightmare: filthy housing, hungry days, untreated illness, crowded schools, broken families, chaotic neighborhoods. It’s a nightmare that diminishes, even extinguishes, any chance these children have at the American dream. That, in turn, results in a staggering taxpayers’ toll—for belated emergency room treatment, welfare, mental-health and addiction treatment, cops, courts, jails and, perhaps worst of all, human potential squandered.”

The Philadelphia Inquirer,
“A Generation at Risk,”
Editorial, April 19, 1998.



APPENDIX C: THE SITUATION TODAY— THE FACE OF HOMELESSNESS IN PHILADELPHIA

HOW MANY PEOPLE ARE HOMELESS IN PHILADELPHIA?

Accurate numbers of homeless persons are notoriously difficult to obtain or to validate. Fortunately, the City of Philadelphia maintains statistics that most advocates agree are reliably indicative of the scope of the crisis.

The city's Deputy Managing Director for Special Needs Housing estimates there are 25,000 homeless people in Philadelphia, both sheltered and unsheltered, over the course of a year. Other estimates range from as low as 15,000 to as high as 35,000. For HUD planning purposes, the Office of Housing and Community Development used the following figures for its 1996 planning report:

- 3,538 homeless families (13,131 in families)
- 7,695 homeless individuals (18 years or older)
- 150 homeless individual youths (17 years or younger)

Other figures used by the city are also from the 1996 OHCD report, and reflect figures over a given year:

- 15,482 persons in City-contracted emergency shelter beds
- 2,908 persons in transitional housing
- 2,586 persons “unsheltered” and on the streets

Another recent study, *The U.S. Conference of Mayors 1997 Report on Homelessness and Housing*, says that 66 percent of Philadelphia's homeless are families—one of the highest percentages for homeless families of all cities surveyed.

One estimate suggests that on any given day, approximately 6,500 persons are homeless in Philadelphia—staying in shelters, low-demand residences, transitional housing, or on the streets of Center City. This figure does not include the almost uncountable number of persons living in obscure park areas, cars, abandoned houses, or in doubled-up arrangements—persons who would qualify for the federal definition of homeless.

²⁴ Various evening counts of the street population through 1997 indicated that an all-time figure of 824 persons reached during the summer, when shelter restrictions were in place. During the winter, when shelter was more generally accessible, the number was between 170 and 300.

ISSUES AFFECTING HOMELESS PHILADELPHIANS

Most profiles of the homeless population in Philadelphia agree on some basic facts:

- The two largest groups in the homeless population are:
 - young, single adult males ages 20 to 40
 - young, single women, usually in their 20s or 30s, with small children
- The homeless are disproportionately persons of color (over 80 percent African American, about 10 percent White and 5 percent Hispanic, according to an OHCD report).

Other factors generally acknowledged as widespread in the homeless population are substance abuse and mental illness. The city estimates that 34 percent of sheltered homeless persons and 80 to 90 percent of those unsheltered struggle with addiction. Fifteen percent of homeless persons are believed to have mental health disabilities. Four percent of sheltered and eight percent of unsheltered homeless persons are dually diagnosed for mental health and addiction problems. HIV/AIDS is believed to affect between 15 and 20 persons.

Between 150 and 800 people live on the streets, and a difficult-to-estimate number live in abandoned buildings or other unsafe and unstable situations.²⁴

Those actually living on the streets represent the most visible segment of the homeless population, but are in fact a relatively small proportion, perhaps no more than 10 percent, of the homeless population. The street population is estimated to be 90 percent single men. As many as 80 to 90 percent of the street population are believed to have a substance abuse problem, and as many as 30 percent have mental health disabilities (major factors in their being on the street rather than in shelters).

A study conducted last year by Philadelphia Health Management Corporation offers important new data in helping us understand the issues facing many homeless Philadelphians. Using case management records from almost 1,000 clients in the city's homeless service system, PHMC found that the vast majority of homeless persons lack strong education backgrounds or significant work histories. Many have a history of residential instability and minimal independent living, having moved frequently in short spans of time. Most persons identified multiple problems con-

tributing to their homelessness. In addition to unemployment and minimal income, they cited domestic abuse, family conflicts, substance abuse, and mental illness.

The PHMC study offers some preliminary conclusions. For most clients, homelessness is a long-term problem with multiple dimensions, not a single or simple emergency. The lack of work skills, education, and general employability are major obstacles to overcoming homelessness—a fact that particularly weighs on young single mothers who will be affected by new welfare requirements.²⁵ On a positive note, the PHMC study also showed that as education increased for homeless clients, so did entry into substantial employment. It also showed that transitional housing programs seem successful in helping overcome homelessness.

The work of Dennis Culhane also offers significant data on homelessness, with important policy implications. His studies have shown that the majority of families using the Philadelphia shelter system (67 percent) come from neighborhoods with high concentrations of poverty, high numbers of abandoned properties, low property values and rents, and racial isolation—again, evidence that homelessness is ultimately rooted in the “Big Picture” of economic and social disinvestment.

Culhane has also developed a typology of three categories of homeless (mainly single adults). The first group, the *transitionally homeless*, constitute the largest group (79 percent) but have the shortest episodes of shelter use. Culhane argues that this group—numbering perhaps 5,000 persons a year—could benefit from community-based prevention efforts and avoid shelter stay. The second group, the *episodically homeless*, represents 12 percent of shelter users; they have longer shelter stays, in part because of a higher incidence of substance abuse, mental illness, physical health problems and disabilities. This group—1,100 by Culhane’s estimate—is often on the street, and would benefit from outreach, treatment, and transitional housing. The third group he calls *chronically homeless*. They are the smallest group (10 percent of shelter users), but because of high rates of behavioral and physical health problems, they consume a significant part of the system’s resources. This group—estimated at 900—needs long-term supportive housing.

While research, data, and hard numbers are crucial in helping us understand the situation and formulate policies, we also have to grapple with many intangible factors that are

part of homelessness: the psychological effects of long-term, second- and third-generation poverty and social isolation in extremely poor communities; damage from deeply dysfunctional families, child abuse and sexual abuse (which often show up in histories of homeless persons); and the wounds to self-esteem that come from profound alienation and dehumanization on the streets and in many shelters and programs.

These factors remind us that healing homelessness requires not only enormous resources, but also genuine care, relationships, and restoration of dignity and self-esteem. While such healing is a profound challenge, we have witnessed it countless times in our communities.

One solution to homelessness is to discourage panhandling and foster a message of recovery in the Center City community, including a public awareness campaign and food coupon program for homeless persons.



²⁵ Philadelphia Health Management Corporation, “Homeless Clients Currently in Homeless System” (draft, May 1997).

APPENDIX D: “THE BIG PICTURE”

We must develop a broad agenda that addresses a range of larger social, political, economic, and cultural forces.

In this Blueprint, we have identified key areas and concrete strategies—support services, jobs, housing, prevention—that will move us toward alleviating or preventing homelessness for many of our citizens.

Nevertheless, we recognize that homelessness is symptomatic of larger realities. We must consider “The Big Picture”—the broad-scale social, economic, political and cultural forces that affect all of us.

If we are serious about ending homelessness, it is not enough to assure that an adequate and integrated continuum of care is in place. It is not enough to rehab abandoned houses and run successful job training and placement programs. It is not enough to operate prevention centers with referral services and emergency funds. All those things must be done, and done well. But we must also confront the bigger, seemingly overwhelming challenges. How do we reverse poverty and economic divestment. How do we rebuild a job base? How do we reweave the social safety net? How do we fight the epidemics of drugs and racism?

Providing thorough and detailed answers to these questions is beyond the scope of this document. We would need to draft other, complementary documents: a “Blueprint for Economic Development,” a “Blueprint to Rebuild Families and Communities,” a “Blueprint to End Addictions,” a “Blueprint for Health Care Reform,” a “Blueprint for Fostering a Social Ethos of Compassion and Hospitality,” and so on.

As a beginning, however, we point to the following areas, which we believe to be critical to a “Big Picture” community response:

ECONOMIC DEVELOPMENT

At the core of homelessness and poverty is a crisis of economic disinvestment and job loss. We have recommended specific short-term and intermediate strategies to address this crisis. The full scope of the issue requires long-range attention to economic trends, business needs, educational and vocational opportunities, private and public collaborations, and broad investment strategies. Here are some of the initiatives we must undertake:

- Proactive regional economic planning and capital reinvestment strategies by a wide range of business, political, and civic leaders
- A strengthening of neighborhood-based economic strategies by CDCs
- Efforts to stimulate a living wage
- Community service programs as alternative forms of employment
- Vigorous advocacy for state and federal investment in economic development and jobs
- Fundamental reform to increase the effectiveness of our public schools in preparing students to be work-ready candidates for employment
- More strategic planning for job training and workforce development that responds to regional economic and business trends
- Enhancing the social infrastructure, including transportation, to foster regional economic activity

HOUSING FOR ALL

The Housing Act of 1949 set forth a national mandate to provide safe, decent housing—with an emphasis on home ownership—to all Americans. The federal government sought to implement the Housing Act through vital public housing projects, rent subsidy programs, tax credits and other measures designed to stimulate the construction and purchase of affordable housing. Despite these efforts, the mandate has gone unfulfilled and, in recent years, largely abandoned. We no longer look to government for the dramatic levels of leadership and action seen in the past. Yet a sound housing stock remains essential to the economic stability of individuals, families, and communities. A “Big Picture” view of housing for Philadelphia requires:

- Broad strategic planning for reinvestment in affordable housing throughout the city
- Vigorous advocacy for state and federal housing resources and programs, including subsidized housing for low-income persons and creative options for alternative forms of housing subsidies
- Reform of public housing to make it safe and decent for tenants

REWEAVING THE SOCIAL SAFETY NET

Welfare reform was necessary. Few of us harbored any delusions that the decades-long effort at a social safety net was helping to move people into self-sufficiency. The reasons for the welfare system's failure are complex and controversial. Whatever the reasons, the nation has embarked on a bold experiment in reform, one that could have dire consequences for those unable to meet new work requirements and time limits. Welfare recipients are dropping from public assistance rolls in Pennsylvania and other states at rates higher than anticipated—but there is insufficient evidence that this represents a victory for welfare reform or the common good. We can neither afford nor accept for large numbers of people to fall into greater destitution. We are at a crucial juncture; to make the process of welfare reform work, we must establish the following:

- Ongoing tracking, analysis and evaluation of the results of welfare reform to determine whether people are continuing to fall through the cracks
- Advocacy to ensure that disabled and/or economically vulnerable citizens have adequate supports
- Income supports and timelines that do not foster dependency but assist people in making the transition to independence
- Coordinate private support systems to supplement public supports for persons in transition
- A health care system that provides broad coverage, especially to meet the behavioral health concerns of special-needs populations

In addition to “The Big Picture” areas cited above, we recognize other concerns that, though perhaps less concrete, are crucial to any serious effort to end homelessness. They represent basic issues of who we are as a people:

- *New models of community-based political activism.* We need dynamic and hopeful forms of political action to counter the growing cynicism that causes people to disengage from civic and democratic participation. More coalitions need to transcend the boundaries of ideology and social standing. Activists and business people need to act in partnership toward common goals. Low-income and homeless persons must be given a voice and opportunities for leadership. We must frame political and social issues in light of our common desire for an improved quality of life.
- *More models of public-private partnerships.* In recent years we have seen important new initiatives, such as the Philadelphia Plan, which bring together the public and private sectors to provide resources and energy at the local

level. We must build on these models, with new ways to involve religion-based groups.

- *Foster the spirit of recovery.* We must deliver the message that all of us have a role to play in responding to the crisis of addictions. We need to enforce anti-narcotics laws and to stem the marketing and production of illegal drugs. We need to assure that treatment and services are in place for recovering addicts. We also need aggressive and spirited public education that conveys the message of recovery in the broadest sense. We all need to counter the social and cultural forces behind addiction and to build hope-filled communities that support each other in recovery and growth.
- *Foster an ethos of compassion and hospitality.* We live in a culture that promotes individualism and competition. At its worst, this leads to fear, prejudice, and denigration of the other. When homeless people are “the other,” the worst of our culture responds with NIMBYism and the defensive belief that poor people deserve their plight. We need to nurture the part of our heritage that is generous and communal, that the other as sister or brother, and that assumes basic empathy and mutual responsibility. This is the spirit of volunteerism, community service, and humane public policies.
- *Work to heal the wounds of racism.* Homelessness today is yet another result of insidious and vicious racism. The homeless population is disproportionately African-American, a symptom of how minority groups in this country are often marginalized by our economic and social systems. It is one more reminder that we must do all we can to combat racism and provide equal opportunity for all persons.

At the core of homelessness and poverty is a crisis of economic disinvestment and job loss.



APPENDIX E: THE GPUAC HOMELESS PROGRAM COMMITTEE

Our Way Home: A Blueprint to End Homelessness in Philadelphia is the product of the Homeless Program Committee (HPC) of the Greater Philadelphia Urban Affairs Coalition. The HPC was formed in 1992; its mission is to bring together public and private organizations and provider agencies to stimulate job opportunities and increase transitional and permanent housing for the homeless. The HPC began its approach to the complex problem of homelessness in Philadelphia through information gathering and consensus building toward a shared vision:

To end homelessness in Philadelphia, ensuring that every person and family has a safe, decent and affordable place to live, and a chance to achieve self-esteem as a productive member of the community.

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Over the past five years, HPC has been instrumental in fostering progress in the fight against homelessness. We've assisted in the city's design of a new Continuum of Care approach to homelessness under the Rendell Administration; helped to bring about a ten-fold increase in federal funds to Philadelphia for housing and service programs; spearheaded the Homeless Assistance Trust Fund for reutilization of Naval Base Properties; developed innovative job training and transitional housing programs; and increased the capacity of providers of housing and support services to the homeless.

In early 1997, the HPC was concerned about the effects of welfare reform and related policies affecting homeless and poor Philadelphians. We shared the fears of many that short-sighted solutions and inadequate resources would dramatically increase the numbers of homeless persons in the city. The likelihood of this deepening crisis called for new thinking and fresh approaches to homelessness. HPC has taken the opportunity to propose new strategies and solutions.

In preparation for this document, the HPC solicited input from homeless shelter residents, formerly homeless persons, service providers, case workers, program directors, City officials, representatives from the business community, and academic experts. These persons offered us their perspectives on which services do and do not work against homelessness, what gaps and problems exist in the current system, what new ideas and policies they would recommend, and how they would respond to changes in welfare regulations and other public policies.

We then worked with the Public-Private Task Force on Homelessness and *ad hoc* groups on strategic areas (outreach, housing, jobs, income support, etc.) to evaluate and synthesize the vast and varied input we received and to articulate the recommendations we present here.

Development of this Blueprint was made possible through the generous support of The Samuel S. Fels Fund, the Douty Foundation, the 1957 Charity Trust, CoreStates Financial Corp, and an anonymous private donor. We are grateful for their financial support and for their belief in the importance of this project.

Thanks to William O'Brien, who was responsible for the primary research, writing, and overall directing of the Blueprint project. Will reviewed massive amounts of information, talked to hundreds of interested parties, and was able to pull it all together into one comprehensive document. And thanks to Project H.O.M.E. for allowing him to take time from his staff responsibilities to undertake this project.

Thanks to Frank Hoffman, who edited the Blueprint, helping bring it to its final stage.

Thanks to Robert Downing, who chairs the HPC's Public Policy Committee and guided—with a combined sense of caring and urgency—the development of all aspects of the Blueprint.

Thanks to Gloria Guard and Thomas O'Rourke, HPC Co-Chairs, whose creative leadership has enabled all of the HPC's initiatives to be so successful.

Special thanks to the other HPC members, who also gave of their time and expertise to see that the Blueprint was done right: Alicia Christian, Chip Darling and Don Kligerman (and his colleagues at Fairmont Ventures), Ernest Eskin, Elaine Fox, Andrew Frishkoff, Elizabeth Hersh, Sister Mary Scullion, and Monica Steigerwald.

Thanks to the staff of GPUAC, especially Robin Robinowitz, Gale Davis, and Taneha North, for their efforts in moving the project along over several months.

Thanks to all those in the broader Philadelphia community who participated in the eight-month process of developing this Blueprint. Underlying our discussion and recommendations are the experience and energy, the vision and hope, the commitment and creativity, the compassion and pain, of literally hundreds of persons.

The Homeless Program Committee takes full responsibility for what is contained in this document. We offer this Blueprint to foster and inform the social and political dialogue on homelessness and poverty. We invite you to join us in working to turn our recommendations into reality—to seek an end to homelessness.

APPENDIX F:

PARTICIPANTS/CONSULTANTS IN THE DEVELOPMENT OF THE BLUEPRINT

Consultation or participation in the Blueprint process does not necessarily mean endorsement of the contents of this document or of the recommendations contained herein.

The following persons met with GPUAC Homeless Program Committee members to provide input, participated in strategy groups, or reviewed draft documents and proposals:

Ashley Andrus, Esq., Manager of Public Policy, Greater Philadelphia Chamber of Commerce

Jim Baumohl, Associate Professor of the Graduate School of Social Work and Social Research, Bryn Mawr College, editor of *Homelessness in America* (Oryx Press, 1997)

Philip Beltz, Horizon House

Mark Bencivengo, Commissioner, Coordinating Office of Drug and Alcohol Abuse Programs, City of Philadelphia

Mark Bradley, Director, Outreach Coordination Center

Lee Capkin, Housing Consortium for Disabled Individuals

Steve Culbertson and Jeff Watkins, Philadelphia Association of Community Development Corporations

Dennis Culhane, Center for Mental Health Policy and Services Research, Department of Psychiatry, University of Pennsylvania

Maureen DeCarlo, Project H.O.M.E.

Garry DuBrey, Center City District

Sally Fischer, Director, Office of Emergency Shelter and Services

Mary Ann Gleason, National Coalition for the Homeless

Alice Herron, Old St. Joe's Outreach

Don Kligerman, Fairmount Capital Advisors

John Kromer, Director, Office of Housing and Community Development, City of Philadelphia

Marvin Levine, Associate Director, Coordinating Office of Drug and Alcohol Abuse Programs, City of Philadelphia

Paul Levy, Executive Director, Center City District

Richard Melaragni, former director, Office of Services to Homeless and Adults

Dainette Mintz, Office of Housing and Community Development, City of Philadelphia

Casper Morris, Peoples Emergency Center

Beth Moy, Legislative Aide to Councilwoman Happy Fernandez

Michael Nardone, Deputy Managing Director for Special Needs Housing, City of Philadelphia

Genny O'Donnell, Outreach Coordination Center

William Parshall, former Deputy Managing Director for Special Needs Housing, City of Philadelphia

Joan Reeves, Commissioner, Department of Human Services, City of Philadelphia

Estelle Richman, Commissioner, Department of Public Health, City of Philadelphia

Liz Robinson, Executive Director, Energy Coordinating Agency

Nate Robinson, SELF, Inc.

Cathy Rose, Hall-Mercer

Joyce Sacco, Director, RHD/Ridge Center

Chris Simiriglia, West Philadelphia ACCESS

Rev. Henry Wells, President, One Day At A Time

John White, Jr., former Director, Philadelphia Housing Authority

Forums with Homeless and Formerly Homeless Persons

Residents of Ridge Avenue and of First Step/Ridge Avenue, Friday, September 12, 1997, organized by Joyce Sacco

Residents and graduates of Peoples Emergency Center September 16, 1997, organized by Duane Wharton

Residents of Red Shield/Salvation Army Residence September 23, 1997, organized by Bruce Livingston and Joan McMillan

Participants in Horizon House TRAC Program, September 23, 1997, organized by Philip Beltz, Stuart Goldenberg, and Wes Lily

Residents of Bridge House/Eliza Shirley, September 25, 1997, organized by Marylin Cantee

Consumers of various mental health programs, through Project SHARE, September 30, 1997, organized by Thomas Hutton

Residents of Gateway Shelter, October 1, 1997, organized by Rudy Harris and Charles Ellis

Graduates of Philadelphia Health Management Corporation, October 23, 1997, organized by Deborah McMillan

Public-Private Task Force on Homelessness

Approximately 80 representatives of the PPTFH met on July 29, 1997, for an initial working session on the Blueprint, to provide input through small groups. Other members who were unable to attend the meeting submitted input through a written form.

Approximately 90 representatives of the PPTFH met on October 8, 1997, for a second working session, offering responses and further input in key strategy areas, to determine possible recommendations.

APPENDIX G: BIBLIOGRAPHY

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Back cover: Alisha Sampson is all smiles as Rev. Joseph Ginyard, executive director, Wise Choice, announces that she will become the first resident of Wise Choice's new transitional home, located in the Parkside neighborhood of Philadelphia. Before coming to Wise Choice, Sampson lived in an unheated, overcrowded house in North Philadelphia.

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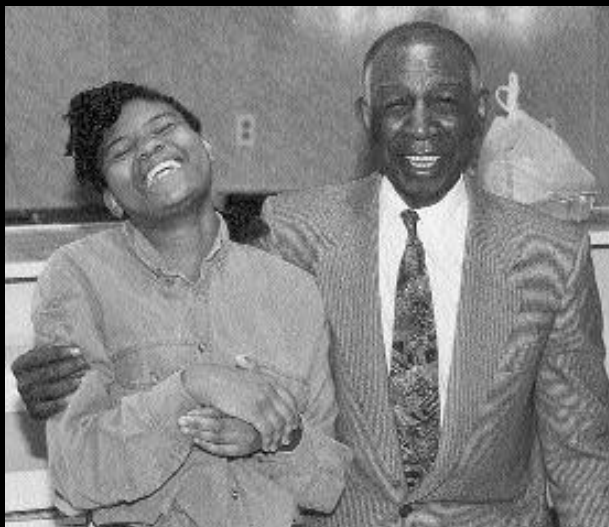
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